

450  
ND-156125  
52 2001  
BIRTH NO. 2001

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2001  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Frank Allen</b>		2. DATE OF DEATH <b>Feb. 27, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>36 Yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>808 N. Carey St. (17)</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 18, 1886</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Kenna. R. R.</b>	9. AGE (In years last birthday) <b>65</b>
11. BIRTHPLACE (State or foreign country) <b>Ga. (Savannah)</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>August Allen</b>		14. MOTHER'S MAIDEN NAME <b>Emma Reasea</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Baltimore City Hospitals Records</b>		ADDRESS <b>4940 Eastern Avenue</b>	

18. <b>443X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive arterio-sclerotic cardio-vascular disease</b> CAUSE OF DEATH (A) <b>Hypertensive arterio-sclerotic cardio-vascular disease</b> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Arteriolarenephrosclerosis</b>		<b>?</b>

19A. DATE OF OPERATION <b>3-3-1952</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>1-29</b> , 1952, to <b>2-27</b> , 1952, that I last saw the deceased alive on <b>2-27</b> , 1952, and that death occurred at <b>11:35 a.m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>J. B. Coym</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>2-28-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Sanat</b>	24B. DATE <b>3-3-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus</b>	24D. LOCATION (City, town, or county) (State) <b>Balt. Co. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 1 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>1631 Druid Hill Ave</b>		

10952000999  
75450

131a

BOND

CONFESS

WITNESS



000  
52 2002BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2002

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES Monroe LEE

2. DATE  
OF  
DEATH

February 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Provident Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

215 W. 23rd Street

8. DATE OF BIRTH

Apr. 29, 1916

9. AGE (In years last birthday)

35

If Under 1 Year If Under 24 Hours

Months Days Hours Min.

10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Chapman

10B. KIND OF BUSINESS OR INDUSTRY

Stone Quarry

11. BIRTHPLACE (State or foreign country)

Granite, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel Lee

14. MOTHER'S MAIDEN NAME

Annie E. Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Annie E. Lee 4658 Falls Rd.

18. 002X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 27, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-29-1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR  
MAR 1-1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Hall and Funeral Home

ADDRESS

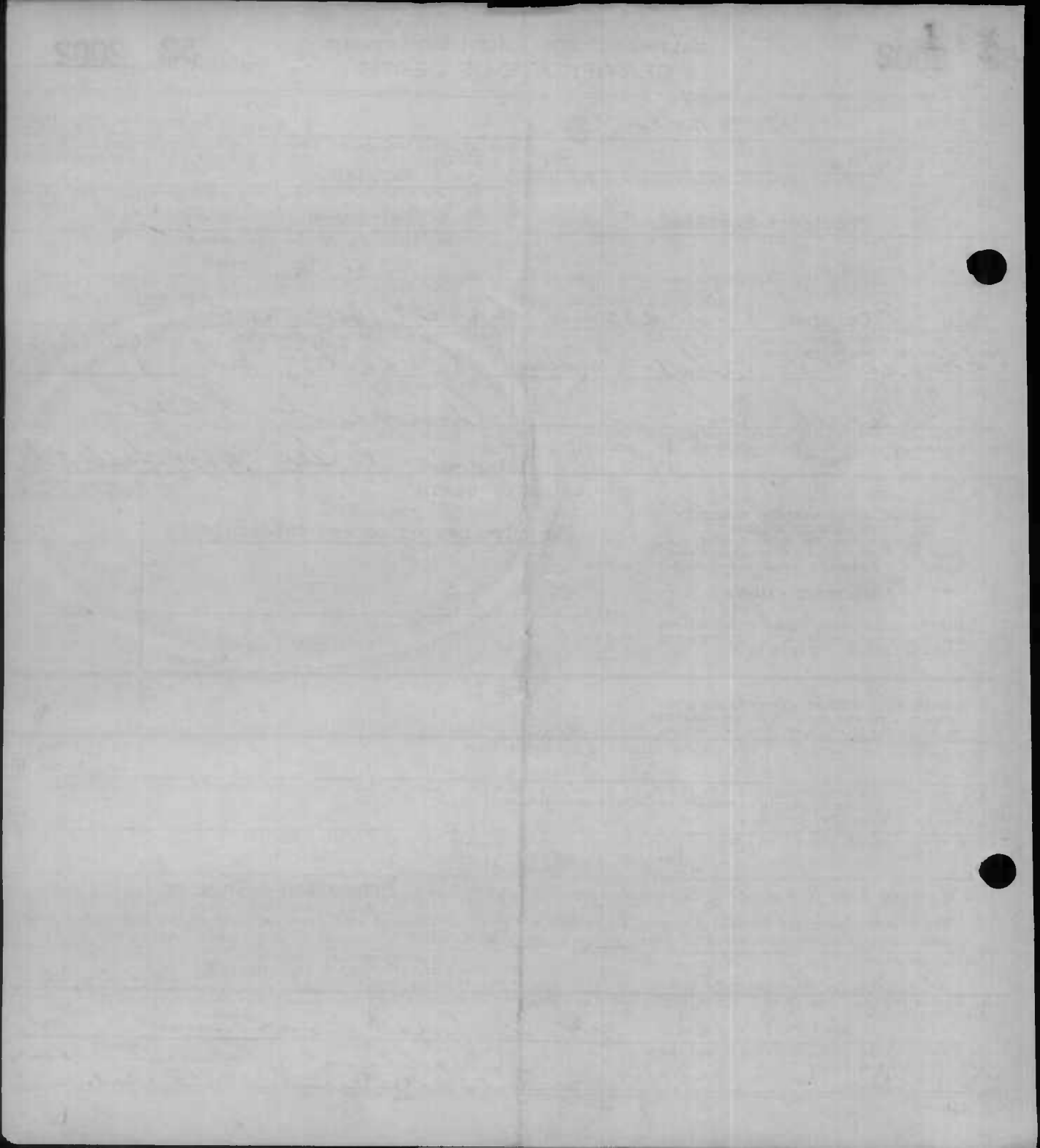
16712 ... Hill Ave.

VS 151

68323

1210 ✓

MEDICAL CERTIFICATION



526

52 2003

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2003

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elizabeth J. or Lizzie J. Ringrose

2. DATE  
OF  
DEATH

Feb. 29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2451 Westport St

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

B. DATE OF BIRTH

Sept. 12, 1876

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

-----Kolly

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

John Ringrose, 706 Lennox St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952, to Feb 29, 1952, that I last saw the  
deceased alive on Feb 1, 1952, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March 3/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto. 29, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 - 1952

Huntington Williams

Harry H. Witzke

91 Edmondson Ave.

VS 150

92D

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

STATE OF TEXAS  
COUNTY OF DALLAS

NOTICE

[Faint, mostly illegible text covering the majority of the page, likely a legal notice or affidavit.]

530  
52 2004  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2004

1. NAME OF DECEASED (Type or Print) <i>Edward Smith</i>		2. DATE OF DEATH <i>Feb. 27, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>18-02</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1107 W. Saratoga St</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Balto.</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1107 W. Saratoga St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>April 5, 1890</i>
10A. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <i>Teacher</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>gen</i>	9. AGE (in years last birthday) <i>61</i>
11. FATHER'S NAME <i>Edward Smith Sr.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. MOTHER'S MAIDEN NAME <i>Susie P.</i>		14. INFORMANT <i>Elizabeth Thomas</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>1107 W Saratoga St</i>	
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>422.1</i>		18. CAUSE OF DEATH (A) <i>Hemiplegia</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) <i>2 years</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 1, 1951</i> to <i>Feb 27, 1952</i> that I last saw the deceased alive on <i>Jan 1, 1952</i> and that death occurred at <i>11:55 a.m.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>W. B. W. W.</i>		23B. ADDRESS <i>5156 W. W. W.</i>	
23C. DATE SIGNED <i>2/29/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 1, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>W. H. Williams Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 1 - 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>	
VS 150		ADDRESS <i>322 N. Schrock St</i>	

1016 82

RECEIVED BY THE DEPARTMENT  
OF HEALTH AND HUMAN SERVICES

1016



420  
52 2005

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2005

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Daisy Black*

2. DATE  
OF  
DEATH

*Feb. 27, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

*309 N. Carrollton Ave.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

*309 N. Carrollton Ave.*

C. Length of stay in Baltimore

5. SEX

*Female*

6. COLOR OR RACE

*Col.*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Widow*

8. DATE OF BIRTH

*Nov. 17, 1891*

9. AGE (In years; last birthday)

*60*

10. Under 1 Year Months; Days

11. Under 24 hours Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*N.C.*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*Thomas Pinkton*

14. MOTHER'S MAIDEN NAME

*Rebecca Moore*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*No*

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

*Edna Black*

ADDRESS

*309 N. Carrollton*

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage*

... DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*

... DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/8 30 P* 1952 to *2/27*, 1952, that I last saw the deceased alive on *2/11*, 1952, and that death occurred at *6:15* p. m., from the causes and on the date stated above.

23A. SIGNATURE

*John H. Holmes III*

23B. ADDRESS

*927 N. Monroe*

23C. DATE SIGNED

*2/29/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*Mar. 3, 1952*

24C. NAME OF CEMETERY OR CREMATORY

*Arbutus Memorial*

24D. LOCATION (City, town, or county)

*Arbutus*

(State)

*MD*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

*Mrs. Katie R. Williams*

ADDRESS

*322 N. Schroeder St.*

STATE OF CALIFORNIA  
CERTIFICATE OF TITLE

IN SENATE, JANUARY 1, 1901.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE.

IN SENATE, JANUARY 1, 1901.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE.

IN SENATE, JANUARY 1, 1901.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE.

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IN SENATE, JANUARY 1, 1901.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE.

IN SENATE, JANUARY 1, 1901.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE.

650  
52 2006

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2006

1. NAME OF DECEASED  
(Type or Print)

Louis Brown

2. DATE  
OF  
DEATH

FEB 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-2

B. FULL NAME OF  
HOSPITAL OR  
(INSTITUTION)

THE JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Lapporter

10B. KIND OF BUSINESS OR  
INDUSTRY

Sec

13. FATHER'S NAME

Will Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

18. 443X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Hypertensive cardiovascular  
disease

(B)

DUE TO

(C)

1 year

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25-1952 to 2-28-1952, that I last saw the  
deceased alive on 2-28-1952, and that death occurred at 4:55 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 322X

MAR 1 - 1952

Huntington Williams

Katie R. Williams

Schwartz



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2007**

**520**  
**52 2007**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Wiley Owens</b>			2. DATE OF DEATH <b>2/26/1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>10-02</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1315 East Eager Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>30 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>1315 East Eager Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 19, 1904</b>		9. AGE (in years last birthday) <b>47</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Skill Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bethlehem Steel</b>	11. BIRTHPLACE (State or foreign country) <b>Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Wiley Owens SR.</b>			14. MOTHER'S MAIDEN NAME <b>Nancy Ballard</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Louise Owens 1315 E. Eager St</b>		

18. <b>151X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <i>Carcinoma of stomach</i>		INTERVAL BETWEEN ONSET AND DEATH <b>Nov. 1, 1951</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Feb 26, 1952</b>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Nov 1, 1951</b> , to <b>Feb 26, 1952</b> , that I last saw the deceased alive on <b>Feb 26, 1952</b> and that death occurred at <b>5 P.M.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <i>William L. Shroyer</i>		23B. ADDRESS <b>423 W. Pittman St</b>		23C. DATE SIGNED <b>2-28-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/1/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem. Park</b>	24D. LOCATION (City, town, or county) (State) <b>Arbutus Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 1 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Wilson</i>	25. FUNERAL DIRECTOR <b>Elroy O. Wilson 1000 Bland St</b>		

MEDICAL CERTIFICATION

correct age is especially important. In any statement, please write the





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2008**

**520**  
**52 2008**

1. NAME OF DECEASED (Type or Print) <b>JAMES THOMAS C</b>			2. DATE OF DEATH <b>2-27-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>22-01</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNIVERSITY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>22 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>809 South Sharp Street</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, <u>MARRIED</u> , WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH <b>June 29 1913</b>	9. AGE (In years last birthday) <b>38</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ROBBER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DRY DOCKS -</b>	11. BIRTHPLACE (State or foreign country) <b>Houston Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>George Thomas</b>			14. MOTHER'S MAIDEN NAME <b>Dole Mitchell</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes War # 2</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Martie Thomas 809 S. Sharp St</b>		

<p>18. <b>583X</b></p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <b>Acute liver insuff.</b></p> <p align="center">DUE TO</p> <p>(B) <b>most likely infectious</b></p> <p align="center">DUE TO</p> <p>(C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b></p>

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>No. OPERATION</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-27-52**, 19\_\_, to **2-27-52**, 19\_\_, that I last saw the deceased alive on **2-27-52**, 19\_\_, and that death occurred at **7:30 A** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Henry D. Perry Jr MD, Baltimore, Md.</b>	23B. ADDRESS <b>Baltimore, Md.</b>	23C. DATE SIGNED <b>2-27-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/31/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Nat. Cem.</b>
24D. LOCATION (City, town, or county) <b>Baltimore Md.</b>	24E. FUNERAL DIRECTOR <b>Elroy O. Wilson 1020 Beatty Ave</b>	24F. ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR **MAR 1 - 1952**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





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SV

CERTIFICATE OF DEATH

0000

SV

Crash

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52** 2010

**630**  
**52** 2010  
BIRTH NO.

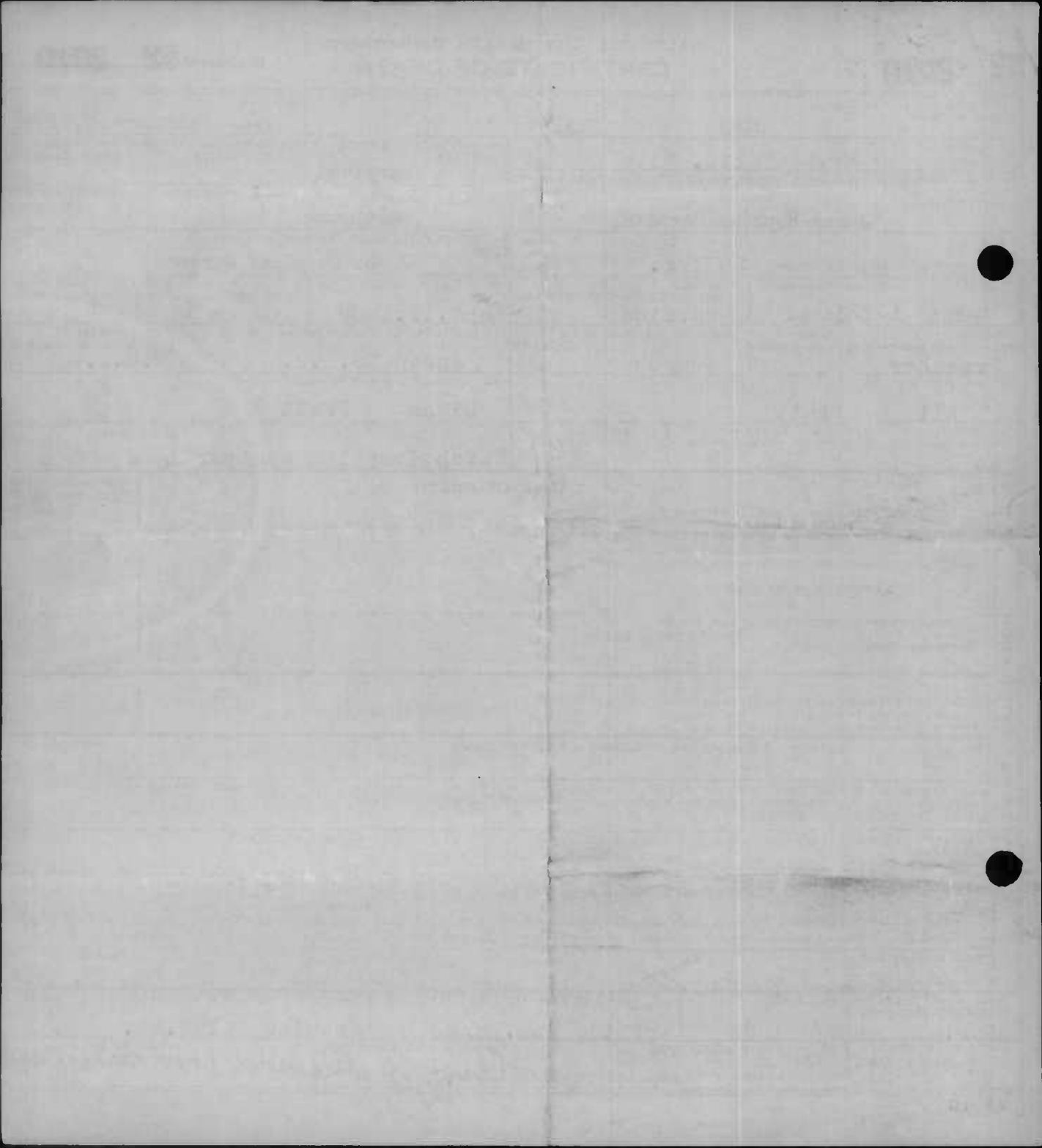
1. NAME OF DECEASED (Type or Print) <b>JOHN PRATT</b>			2. DATE OF DEATH <b>February 27, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>27 S. Caroline Street</b>			E. LENGTH OF STAY IN BALTIMORE <b>20 Yrs.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 19, 1888</b>		9. AGE (In years last birthday) <b>63</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Preacher</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Church</b>	11. BIRTHPLACE (State or foreign country) <b>Ancon Co. N.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Eli Pratt</b>			14. MOTHER'S MAIDEN NAME <b>Diana Pratt</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Sarah Ivey 102 Juniper Lane</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Pratt</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Feb. 27, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/3/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem. Park</b>	24D. LOCATION (City, town, or county) (State) <b>Arbutus Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 1 - 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		
FUNERAL DIRECTOR <i>Elroy O. Wilson</i>		ADDRESS <i>1000 Beantley Ave</i>		



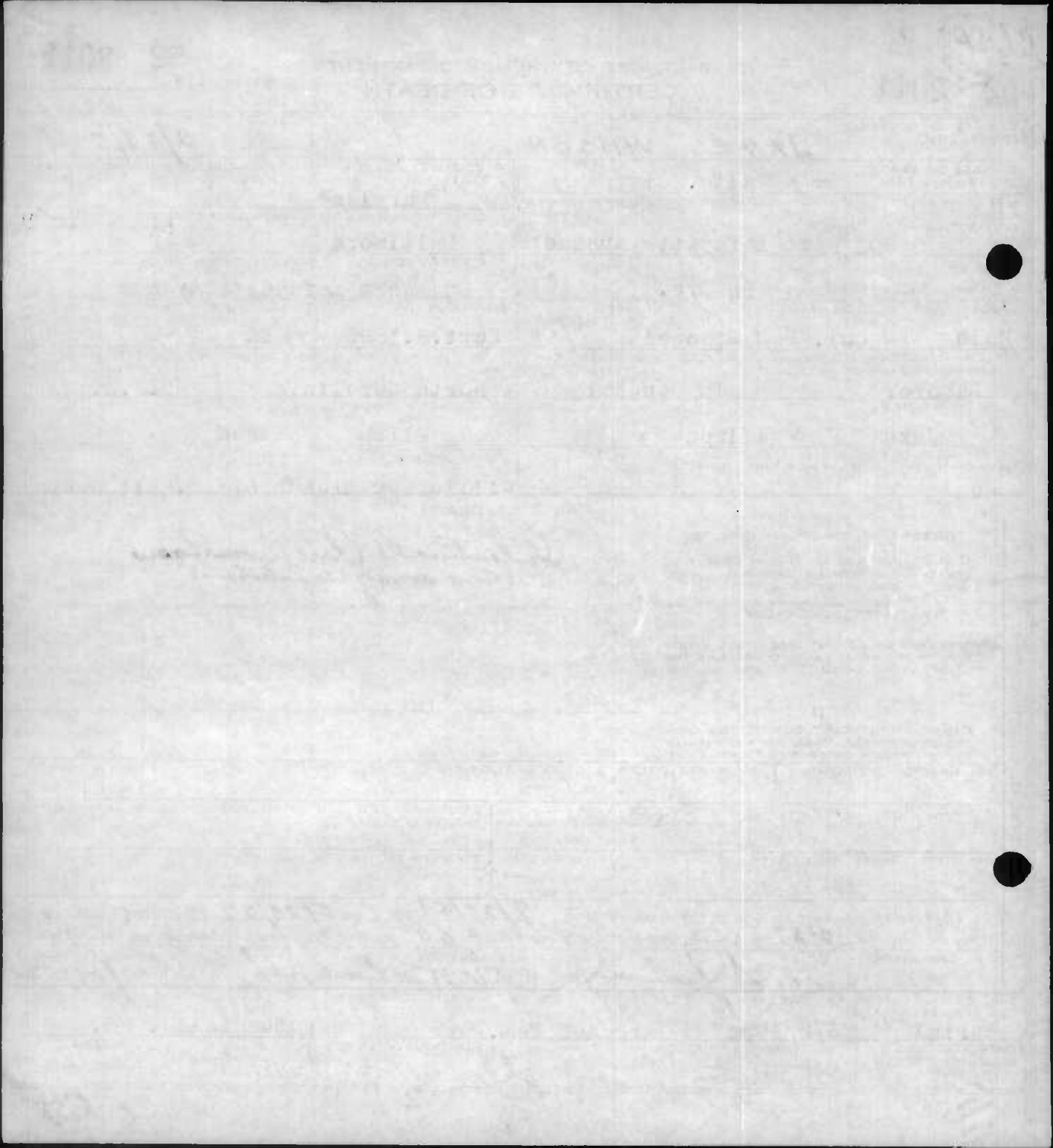


K 425  
52 2011  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2011  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>JAMES WILSON</b>			2. DATE OF DEATH <b>3/28/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>604 West Lafayette Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>25 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>604 West Lafayette Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 8. 1886</b>	9. AGE (In years last birthday) <b>65</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>In General</b>	11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Jake Wilson</b>			14. MOTHER'S MAIDEN NAME <b>Eliza Wilson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Willie May Bishop 613 N. Fulton Ave</b>		

18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Intestinal Carcinomatosis (Carcinoma of the Intestines)</b>	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7/20/51</b> , 19__, to <b>3/29/52</b> , 19__, that I last saw the deceased alive on <b>3/27</b> , 1952, and that death occurred at <b>6 A.</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Jas. S. Julian</b>		23B. ADDRESS <b>511 N. Schenck St.</b>		23C. DATE SIGNED <b>3/29/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3/2/1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem. Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Arbutus Balto. Md.</b>		24E. FUNERAL DIRECTOR <b>Huntington Williams</b>			
24F. DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 1 - 1952</b>		24G. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		24H. FUNERAL DIRECTOR ADDRESS <b>Thoy O. Wilson 1044 Bently</b>	



634  
52 2012BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2012

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BENJAMIN HARTWELL		2. DATE OF DEATH February 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 26 Yrs.		D. STREET ADDRESS (If rural, give location) 2027 East Preston Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-16-1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel	9. AGE (In years last birthday) 50
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Buckingham Co. Va.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Eliza Hartwell	
18. 151X		19. Alma Hartwell 2027 East Preston St.	

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Metastatic Carcinoma (STOMACH)  
DUE TO PRIMARY)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE

3/4/1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Arbutus Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Eloy O. Wilson was Brantly

VS 151

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RECEIVED  
MAY 10 1964

1000



BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH 13

52 2013  
 Registered No.

000  
 52 2013  
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EULAR ROWE</b>		2. DATE OF DEATH <b>Feb. 26, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>867 W. Fayette Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>female</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>1899 3 3</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>William Holland</b>		14. MOTHER'S MAIDEN NAME <b>Lula Morse</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Eddie Rowe</b>		ADDRESS <b>867 W. Fayette</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive and arteriosclerotic cardiovascular disease</b> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>ANTECEDENT CAUSES</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley B. Dunbar</b>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Feb. 27, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>2/28/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Westport</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 1 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Edolphus Walstead</b>	
VS 151		2011		930 Will ave.	

MEDICAL CERTIFICATION

5108 52

5108 52

STATE OF TEXAS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2014**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>RICHARD MCGREER</b>		2. DATE OF DEATH <b>Feb. 26, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>533 Wilson Court</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>533 Wilson Court</b>		14-02	
5. SEX <b>male</b>		6. COLOR OR RACE <b>colored</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
9. AGE (In years last birthday) <b>50</b>		10. MONTHS: <b>50</b> DAYS: <b>50</b> HOURS: <b>50</b> MIN.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. **002X**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary tuberculosis**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. B. Fisher**

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED  
**Feb. 27, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR  
**MAR 1 - 1952**

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1108

SA

GA

1108

03

10

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52** 2015

**455**  
**52** 2015

1. NAME OF DECEASED (Type or Print) <b>WILLIS COLEMAN</b>		2. DATE OF DEATH <b>Feb. 25, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township) <b>Baltimore</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>colored</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH	
9. AGE (In years last birthday) <b>50</b>		10. UNDER 1 YEAR Months: Days	
11. BIRTHPLACE (State or foreign country) <b>Columbia S.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Jerry Coleman</b>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley S. Denecker</b> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Feb. 26, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3/1/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Westport</b>	
24D. LOCATION (City, town, or county) (State) <b>md.</b>		25. FUNERAL DIRECTOR <b>Halstead</b>		ADDRESS <b>93D Hillon</b>	

DATE RECEIVED BY LOCAL REGISTRAR  
**MAR 1 - 1952**



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2016

Registered No.

BIRTH NO. Ron Res.

1. NAME OF DECEASED  
(Type or Print)

Evelyn Louise Jackson

2. DATE OF DEATH 2-29-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY Charles

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Rock Point

D. STREET ADDRESS (If rural, give location)  
5800

c. Length of stay in Baltimore

5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH ? 9. AGE (In years last birthday) 11 Under 1 Year 8 Months: Days 8 Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Jackson

14. MOTHER'S MAIDEN NAME

Lillian ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Records Baltimore City Hospitals  
4940 Eastern Avenue

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
057.0 CAUSE OF DEATH

(A) Pneumonia and atelectasis Meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Meningococcemia

DUE TO

(C) Pneumonia and atelectasis

INTERVAL BETWEEN ONSET AND DEATH

5 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

5 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-29-1952 to 2-29-1952, that I last saw the deceased alive on 2-29-1952, and that death occurred at 4:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE P. S. Rogers M. D.

23B. ADDRESS 4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED 3-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE MAR 3 1952

24C. NAME OF CEMETERY OR CREMATORY MT OLIVET CEM

24D. LOCATION (City, town, or county) (State) WASHINGTON D. C.

DATE RECEIVED BY LOCAL REGISTRAR MAR 1 - 1952

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS William Gosch Hyattsville Md

See Document File 52-2016  
3/1/52 ES

52 2017

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2017

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs Bertha A. Oakford

2. DATE  
OF  
DEATH

2/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

15-11

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3108 Sequoia

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

11/2/80

9. AGE (in years

last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR

INDUSTRY

at Hotel

11. BIRTHPLACE (State or foreign country)

Port Deposit, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Casper Mohrlein

14. MOTHER'S MAIDEN NAME

Sophia Mohrlein Sitzler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

215-03-1267

17. INFORMANT

ADDRESS

Mrs. Edward Clarke - 3108 Sequoia Ave.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

Vascular disease

## ANTECEDENT CAUSES

(B)

Hypertensive cardio /

DUE TO

Arterio Sclerosis

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 2/11/1952 to 2/29/1952 that I last saw the  
deceased alive on 2/29/1952 and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

David Elgate

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

2/29/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

2/5/52

24C. NAME OF CEMETERY OR CREMATORY

Cem.

West Nottingham Presby

24D. LOCATION (City, town, or county)

Cecil Co., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Pickens &amp; Sons



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1905

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52 2018

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2018  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SALLIE MAY FIELD

2. DATE  
OF  
DEATH Mar. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)  
4211 Fernhill Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
Md.B. COUNTY  
Anne Arundel  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Glen BurnieD. STREET ADDRESS (If rural, give location)  
803 Crain Hwy.

c. Length of stay in Baltimore

5. SEX  
female6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed8. DATE OF BIRTH  
Jan. 18, 18809. AGE (In years last birthday)  
72If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
????10B. KIND OF BUSINESS OR INDUSTRY  
??11. BIRTHPLACE (State or foreign country)  
Maryland12. CITIZEN OF  
WHAT COUNTRY?13. FATHER'S NAME  
Charles Hall14. MOTHER'S MAIDEN NAME  
Henrietta15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
-16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mrs. J. H. Nichols - 4511 Fernhill Ave.

18. 170X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
carcinoma of breast

(A)

DUE TO

1 yr

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about house, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 15, 1952 to March 1, 1952, that I last saw the deceased alive on Feb. 29, 1952 and that death occurred at 6:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE  
B. Ellsworth Cook

M. D.

23B. ADDRESS

2431 Maryland Avenue

23C. DATE SIGNED

3-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial24B. DATE  
3/3/5224C. NAME OF CEMETERY OR CREMATORY  
Asbury Meth. Ch. Cem.24D. LOCATION (City, town, or county) (State)  
Arnold, Md.DATE RECEIVED BY  
LOCAL REGISTRAR  
MAR 2 - 1952REGISTRAR'S SIGNATURE  
Huntington Williams, Jr.25. FUNERAL DIRECTOR  
J. M. J. Vickner & SonsADDRESS  
Baltimore Md. 50

PHYS.

ST

RECEIVED BY MAIL - 10/10/50

INTASO TO T. H. H. H. H.

A

C

ATTACHED TO BEAD

52 2019

52 2019

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

William J. Barrett

2. DATE  
OF  
DEATH

3-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-05

D. STREET ADDRESS (If rural, give location)

710 Gorseuch ave #18

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)75 Yrs.  
Mos.  
Days

8. DATE OF BIRTH

Sept 1, 1876

9. AGE (In years  
last birthday)

75

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

not known accountant

10B. KIND OF BUSINESS OR  
INDUSTRY

plumbing co.

13. FATHER'S NAME

James W. Barrett

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

US

14. MOTHER'S MAIDEN NAME

Isabelle Mc Honnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mrs Zera Barrett

710 Gorseuch ave  
ADDRESS  
Baltimore 18, Md

18. 446x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

uremia

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

renal arteriosclerosis

not known

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Benign prostatic hypertrophy  
with chronic obstruction

not known

19A. DATE OF OPERATION

2-25-52

19B. MAJOR FINDINGS OF OPERATION

Transurethral resection of prostate

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1952, to 2-29, 1952, that I last saw the  
deceased alive on 2-29, 1952, and that death occurred at 7:45A on 3-1-52 from the causes and on the date stated above.

23A. SIGNATURE

Samuel Kineman / Dr. Hankins

M. D.

23B. ADDRESS

University Hospital, Balto., Md

23C. DATE SIGNED

3-1-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/3/52

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cem. Huntingdon

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

2600 J. V. Tichner &amp; Sons 137a

ADDRESS

Balto 17, Md.

VS 150

MEDICAL CERTIFICATION

DECLARATION OF DEATH

<p>1. Name of deceased: _____</p>	
<p>2. Date of death: _____</p>	
<p>3. Place of death: _____</p>	
<p>4. Cause of death: _____</p>	
<p>5. Signature of declarant: _____</p>	
<p>6. Signature of witness: _____</p>	
<p>7. Signature of physician: _____</p>	
<p>8. Signature of coroner: _____</p>	
<p>9. Signature of registrar: _____</p>	
<p>10. Signature of clerk: _____</p>	
<p>11. Signature of judge: _____</p>	
<p>12. Signature of jury: _____</p>	
<p>13. Signature of jury: _____</p>	
<p>14. Signature of jury: _____</p>	
<p>15. Signature of jury: _____</p>	
<p>16. Signature of jury: _____</p>	
<p>17. Signature of jury: _____</p>	
<p>18. Signature of jury: _____</p>	
<p>19. Signature of jury: _____</p>	
<p>20. Signature of jury: _____</p>	
<p>21. Signature of jury: _____</p>	
<p>22. Signature of jury: _____</p>	
<p>23. Signature of jury: _____</p>	
<p>24. Signature of jury: _____</p>	
<p>25. Signature of jury: _____</p>	
<p>26. Signature of jury: _____</p>	
<p>27. Signature of jury: _____</p>	
<p>28. Signature of jury: _____</p>	
<p>29. Signature of jury: _____</p>	
<p>30. Signature of jury: _____</p>	
<p>31. Signature of jury: _____</p>	
<p>32. Signature of jury: _____</p>	
<p>33. Signature of jury: _____</p>	
<p>34. Signature of jury: _____</p>	
<p>35. Signature of jury: _____</p>	
<p>36. Signature of jury: _____</p>	
<p>37. Signature of jury: _____</p>	
<p>38. Signature of jury: _____</p>	
<p>39. Signature of jury: _____</p>	
<p>40. Signature of jury: _____</p>	
<p>41. Signature of jury: _____</p>	
<p>42. Signature of jury: _____</p>	
<p>43. Signature of jury: _____</p>	
<p>44. Signature of jury: _____</p>	
<p>45. Signature of jury: _____</p>	
<p>46. Signature of jury: _____</p>	
<p>47. Signature of jury: _____</p>	
<p>48. Signature of jury: _____</p>	
<p>49. Signature of jury: _____</p>	
<p>50. Signature of jury: _____</p>	
<p>51. Signature of jury: _____</p>	
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<p>70. Signature of jury: _____</p>	
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<p>95. Signature of jury: _____</p>	
<p>96. Signature of jury: _____</p>	
<p>97. Signature of jury: _____</p>	
<p>98. Signature of jury: _____</p>	
<p>99. Signature of jury: _____</p>	
<p>100. Signature of jury: _____</p>	

162  
52 2020BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2020  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Curtis Jefferson

2. DATE  
OF  
DEATH

2-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

413 Hawthorne Road

c. Length of stay in Baltimore

75  
Yes  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Feb. 15, 1877

9. AGE (in years  
last birthday)

75

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR  
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Robert T. Jefferson

14. MOTHER'S MAIDEN NAME

Laura Monroe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Grace P. Jefferson - 413 Hawthorne Rd.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Uremia, Benign Prostatic Hypertrophy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952 to Feb. 29, 1952, that I last saw the deceased alive on Feb. 29, 1952, and that death occurred at 8:57 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Claude E. Parish

23B. ADDRESS

M. D. Union Memorial Hosp., Balto.

23C. DATE SIGNED

2/29/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/3/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. J. Vickers &amp; Sons 937

ADDRESS

Balto 17, Md

MAR 2 - 1952

VS 150



UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY

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52 2021

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2021

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <b>LIONEL VANSTORY</b>		2. DATE OF DEATH <b>2/28/52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Baltimore</b>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>1427 Penna. Ave</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore <b>30yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1427 Penna. Ave</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12/15/1898</b>	9. AGE (In years last birthday) <b>53</b>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	11. BIRTHPLACE (State or foreign country) <b>Rocky Mt., N.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Robert Vanstory</b>		14. MOTHER'S MAIDEN NAME <b>Betty Dancy</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>213-14-8297</b>		17. INFORMANT ADDRESS <b>ONELLE VANSTORY-1909 W. Lanvale St.</b>	

18. <b>490x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Antecedent Causes</b>		CAUSE OF DEATH (A) <b>Hypertension Cerebral</b> DUE TO (B) <b>Pneumonia</b> (C) <b>Left</b>		INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Feb. 16, 1952** to **2/27/1952**, that I last saw the deceased alive on **2/27/1952** and that death occurred at **1:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Walter J. Jones</b>	23B. ADDRESS <b>1300 N. Fremont Ave</b>	23C. DATE SIGNED <b>2/29/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/1/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Charles G. Cooper-512 Carroilton</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 2-1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Charles G. Cooper-512 Carroilton</b>
VS 150		<b>7548T Charles Cooper 108</b>

MEDICAL CERTIFICATION

1995 2

1995 2

THE UNIVERSITY OF TEXAS AT AUSTIN

VALLEY  
CONGRESS  
BOND  
HOUSTON  
U.S.A.

450  
52 2022BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2022  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Ralph Clinton Cullen</b>		2. DATE OF DEATH <b>Feb. 28, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland US PHS Hospital, Balto.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Lansdown</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <b>US Public Health Service Hospital</b> INSTITUTION <b>Woman P'k Dr. &amp; 31st Street, Balto, 11, Md</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Crisfield</b>	
5. Length of stay in Baltimore <b>?</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>6932</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 3, 1903</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>general mechanic</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>48</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Joseph Cullen</b>		14. MOTHER'S MAIDEN NAME <b>Effie Mister</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Record Department, US PHS Hospital, Balto.</b>		ADDRESS	

18. **260X**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Diabetes mellitus**

Unknown

DUE TO **Diabetic nephropathy**

Unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Uremia**

Unknown

DUE TO **Hypertensive cardiovascular disease**

Unknown

(C) **Cardiac insufficiency**

Unknown

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **2**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY  
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 27**, 19**52** to **Feb. 28**, 19**52** that I last saw the deceased alive on **Feb. 28, 1952**, and that death occurred at **10:45 pm** from the causes and on the date stated above.23A. SIGNATURE  
**John L. Wilson, Medical Director**23B. ADDRESS  
**M. O. US PHS Hospital, Balto. Md**23C. DATE SIGNED  
**Feb. 29, 1952**24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**24B. NAME OF CEMETERY OR CREMATORY  
**March 2, 1952 Sunny Ridge**24C. LOCATION (City, town, or county) (State)  
**Crisfield, Md**DATE RECEIVED BY LOCAL REGISTRAR  
**MAR 2 - 1952**REGISTRAR'S SIGNATURE  
**Huntington Williams**25. FUNERAL DIRECTOR  
**W. P. Howard**ADDRESS  
**Q. Coarington, Crisfield**

5553

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UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

1914

TO THE SECRETARY OF AGRICULTURE

FROM THE SECRETARY OF AGRICULTURE

RECEIVED

1914

UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY  
WASHINGTON, D. C.

VALLEY  
OF THE  
SANDS

WIND  
MILL  
U.S.A.

Valley of the Sands  
Windmill U.S.A.

231  
52 2023

52 2023

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

LILLIAN WESTBERRY

2. DATE  
OF  
DEATH

FEB 29-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL RIR

B. FULL NAME OF  
HOSPITAL OR THE JOHNS HOPKINS HOSPITAL.  
(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

FLA.

B. COUNTY

V-08

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

HOLLY HILL

D. STREET ADDRESS (If rural, give location)

238 BURLEIGH AVE.

c. Length of stay in Baltimore

20 days

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5-20-11

9. AGE (In years

last birthday)

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 570.5 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Massive peritonitis

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Perforations of stomach & small intestine.  
(C) Intestinal obstruction due to adhesions

20 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-14-52

19B. MAJOR FINDINGS OF OPERATION

Intestinal obstruction due to adhesions

20. AUTOPT? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-1952 to 2-29-1952, that I last saw the deceased alive on 2-29-1952, and that death occurred at 7:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. Wilson

M. D.

23B. ADDRESS THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/2/52

24C. NAME OF CEMETERY OR CREMATORY

Haight-Brook

24D. LOCATION (City, town, or county) (State)

Funeral Home: Daytona Beach, Florida

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2-1952

REGISTRAR'S SIGNATURE

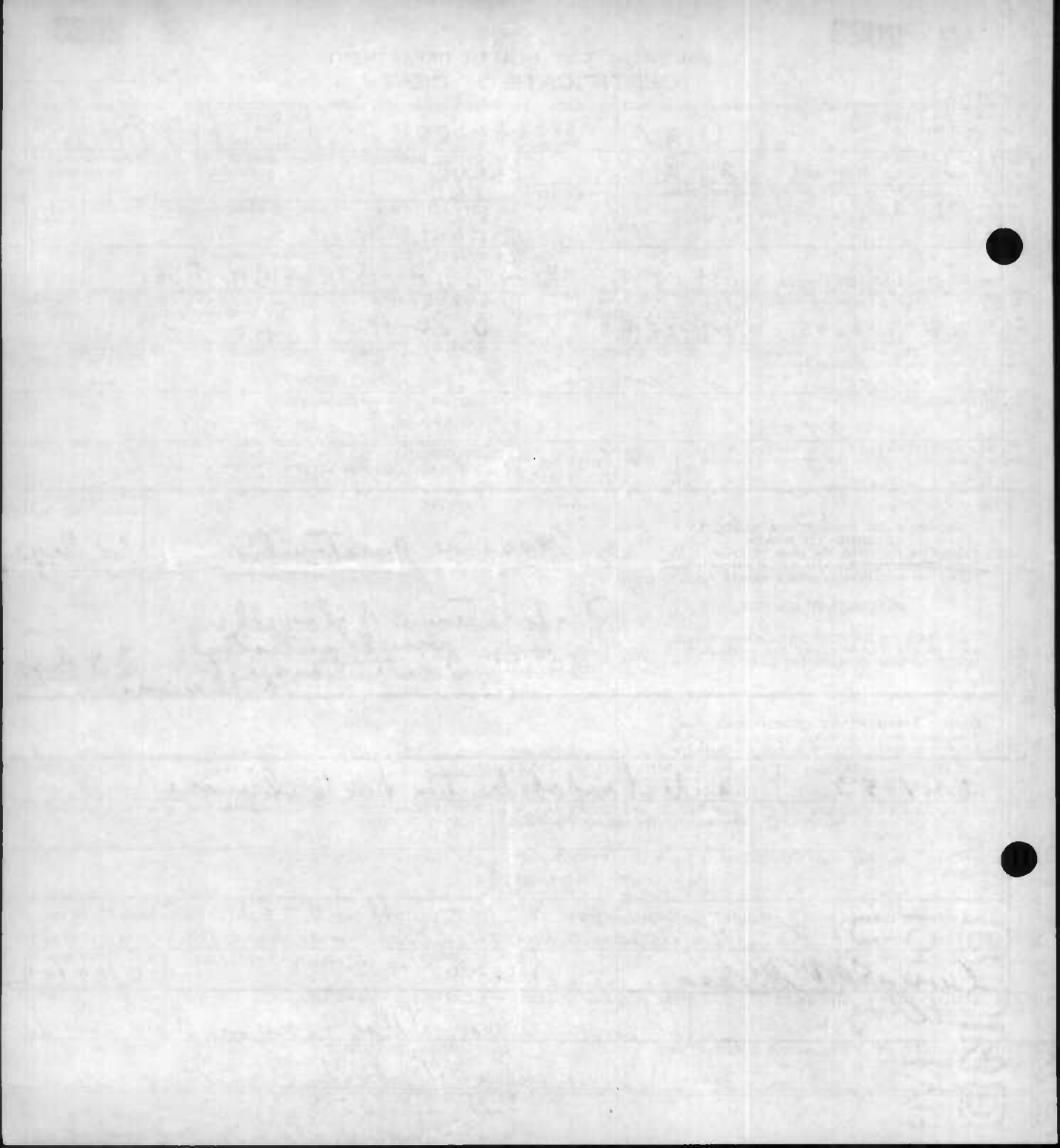
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Earl B. Wherton Funeral Home, Inc.

2453 28-125th Street  
Baltimore - 18 - Maryland 117a





52 2024

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2024

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

William J. Gaffey

2. DATE  
OF  
DEATH2/29/52 *Pranney*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2906 Louise Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-07

D. STREET ADDRESS (If rural, give location)

2906 Louise Ave

c. Length of stay in Baltimore

Lifetime

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Oct. 7, 1887

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR  
INDUSTRY

Water Dept.

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

John T. Gaffey

14. MOTHER'S MAIDEN NAME

Ann Corroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

Mrs Hodes

ADDRESS

3010 Northern Park

## CAUSE OF DEATH

18. 002X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

PULMONARY HEMORRHAGE  
PULMONARY TUBERCULOSISINTERVAL BETWEEN  
ONSET AND DEATHINSTANT  
10 YEARS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST,(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Essential Hypertension

2 YEARS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1946 to Feb 29, 1952, that I last saw the deceased alive on Feb 25, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Hirschfeld M.D.

23B. ADDRESS

6917 Harford Rd

23C. DATE SIGNED

3/1/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3-3-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore City

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

8802 Harford Rd

MAR 2 - 1952

VS 150

210 93

1313



6919 Hartford Rd.

3102 Northern Pkwy.

52 2025

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2025

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RABBI ABRAHAM AXELROD

2. DATE  
OF  
DEATH

3-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Jewish Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE MD

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

4601 Fall Mall Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-03

Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

133 No. Coalington Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years last birthday)

37

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Rabbi

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Solomon

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jewish Convalescent Home

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Degenerative Cardio-vascular Disease

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis  
Congestive Heart Failure

?

(C) DUE TO

Chronic Bronchitis, Bronchiectasis?

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonitis, Acute

4 days

19A. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about house, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1951, to 3-1-1952, that I last saw the deceased alive on Feb. 28, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. A. Inneson M. D.

23B. ADDRESS

1109 N. Calvert

23C. DATE SIGNED

3-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/2/52

24c. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24d. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Huntington Williams, M. D. J. Lewis M. - 2100 Eutan Pl.

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1952

VS 150

0098W 2023

93D

MEDICAL CERTIFICATION

Correct age is especially important. In streams, please write the cause of death clearly and legibly.

Assessment  
7110 5138  
4022 *Brookline*

56 52 2026

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2026

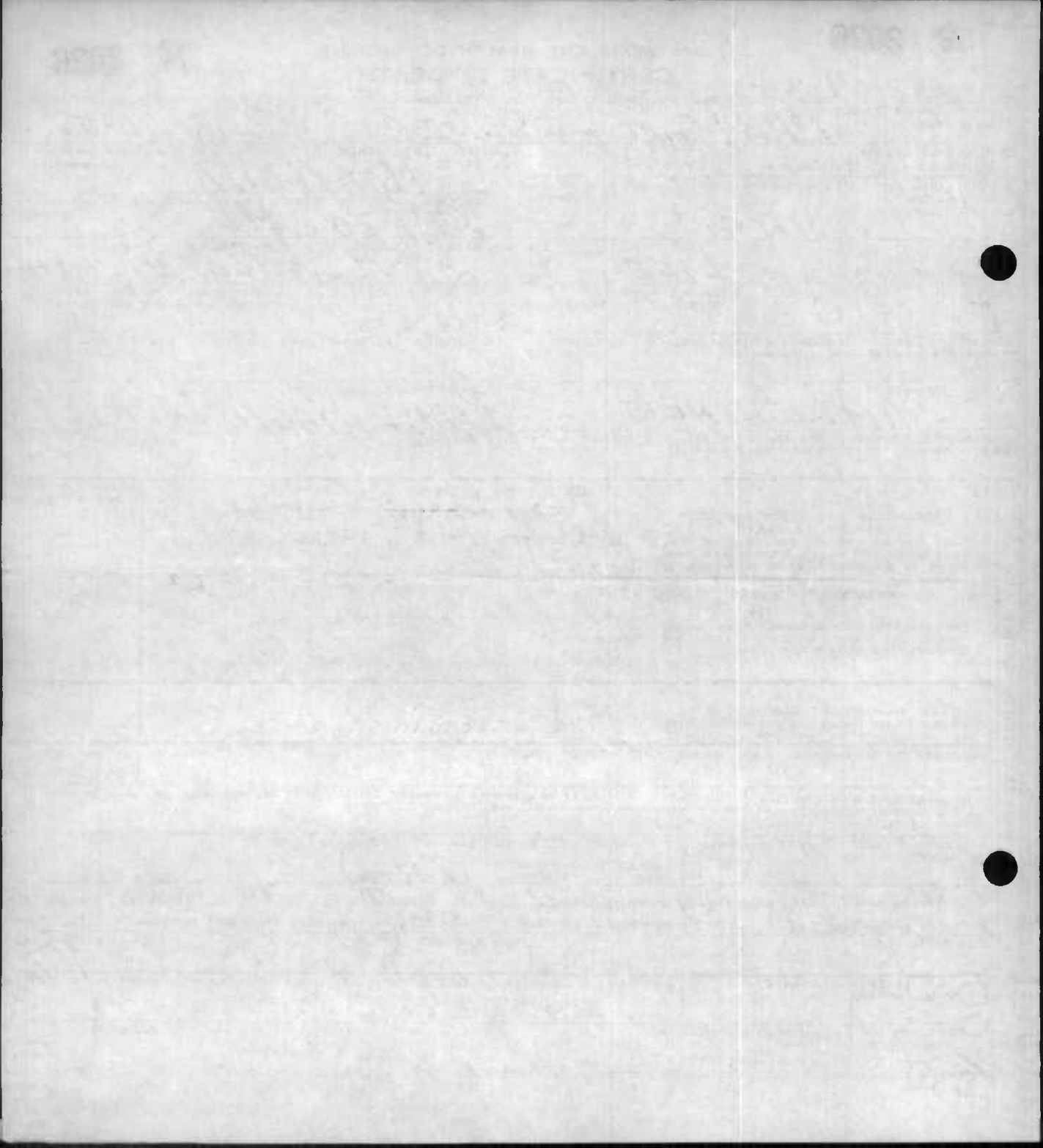
BIRTH NO. 52-04124

1. NAME OF DECEASED (Type or Print) <b>BABY GIRL LESSNER</b>			2. DATE OF DEATH <b>2-20-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>SINAI</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) <b>BALTO. RD. 27-17</b>		
Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>2846 N. GARRISON RD.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>2-20-52</b>	9. AGE (in years last birthday)	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>SAM LESSNER</b>			14. MOTHER'S MAIDEN NAME <b>PEARL MAGAZINER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <b>560.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <b>Subarachnoid hemorrhage</b> <b>Diaphragmatic Hernia</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
<b>Subarachnoid hemorrhage</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>2-20</b> , 19 <b>52</b> , to <b>2-20</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>2-20</b> , 19 <b>52</b> , and that death occurred at <b>3:20</b> am., from the causes and on the date stated above.				
23A. SIGNATURE <b>Philorn D. Kappelman</b>		23B. ADDRESS <b>817 St Paul St</b>		23C. DATE SIGNED <b>2/25/52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		<b>JOHN HOPKINS MEDICAL SCHOOL</b>	<b>FEB 28 1952</b>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
<b>MAR 2-1952</b>	<b>Huntington Williams, Jr.</b>	<b>Commissioner of Health</b>	



52 2027

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2027

Registered No.

BIRTH NO. 52-07151

1. NAME OF DECEASED (Type or Print) <b>BABY BOY STEINBERG</b>			2. DATE OF DEATH <b>Feb 25, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Lutheran Hospital of Md.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-03</b>		
C. Length of stay in Baltimore <b>9 hrs. 58 min</b>			D. STREET ADDRESS (If rural, give location) <b>2043 HOLLINS ST. #23</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>Feb. 25, 1952</b>		9. AGE (In years last birthday) <b>9 58</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>PHILIP STEINBERG</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Mason</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mother</b>		ADDRESS <b>Same</b>

18. <b>770.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Erythroblastosis fetalis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 hrs, 58 min</b>
DUE TO (A) .....		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) .....		
(C) .....		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Prematurity 5'3"</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Feb. 25, 1952** to **Feb. 25, 1952** that I last saw the deceased alive on **Feb. 25, 1952** and that death occurred at **1:00** p. m., from the causes and on the date stated above.

23. SIGNATURE **Miriam S. Daly** M. D. **Lutheran Hosp. of Md.** 23b. ADDRESS **Feb. 25, 1952** 23c. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 2 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Commissioner of Health</b>



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52 2028

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2028  
Registered No.

BIRTH NO. 52-04329

1. NAME OF DECEASED (Type or Print) <b>Baby G. AL ECKARD</b>			2. DATE OF DEATH <b>Feb. 23, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence) A. STATE <b>MARYLAND</b> B. COUNTY <b>WESTMINSTER</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>UNIVERSITY OF MD. HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Westminster</b>		
c. Length of stay in Baltimore <b>8 hours</b>			O. STREET ADDRESS (If rural, give location) <b>458 Green St. 5641</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>FEB 22, 1952</b>	9. AGE (In years last birthday)	10. Under 1 Year Months: Days 8
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BALTO. MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>- William Eckard</b>			14. MOTHER'S MAIDEN NAME <b>MARJORIE Dutton</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>mother 458 Green St. Westminster</b>		

18. **776X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH  
(A) **Prematurity**  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
**TIME**  
**6:00 AM**  
**2/23/52**  
**Born**  
**5:30 PM**  
**2/22/52**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from **Feb 22, 1952** to **Feb 23, 1952** that I last saw the deceased alive on **Feb 23, 1952** and that death occurred at **6:00 AM** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1913

NOV 11 1913

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

DEAR SIR:

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

Very respectfully,  
J. H. HARRIS

Assistant Secretary

Very truly yours,  
J. H. HARRIS

Enclosed for you are two copies of the report of the

Committee on the subject of the proposed new

law relating to the importation of plants and

animals from foreign countries.

I am, Sir, very respectfully,  
Very truly yours,  
J. H. HARRIS

Enclosed for you are two copies of the report of the

Committee on the subject of the proposed new

law relating to the importation of plants and

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

52 2029

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2029

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM VON HAGEL

2. DATE  
OF  
DEATH

March 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2205 Popular Grove Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

About 66 Yrs

9. AGE (In years  
last birthday)

66

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Supervisor

10B. KIND OF BUSINESS OR  
INDUSTRY

Bureau of Sanitation

11. BIRTHPLACE (State or foreign country)

Perryville, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Frederick von Hagel

14. MOTHER'S MAIDEN NAME

Mary Eleanore Sullivan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Charles W. von Hagel 4500 Arabia Ave.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive arteriosclerotic cardiovascular  
disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3/1/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1952

Huntington Williams, M.D. 7805 N. Calvert St.

VS 151

29093

93D ✓

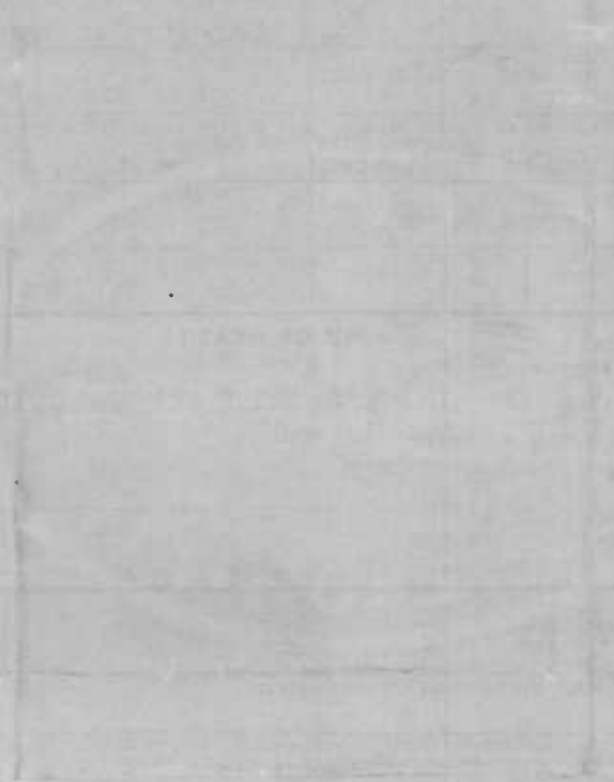
Correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA  
DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

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Handwritten text at the bottom of the page, possibly a signature or date.

52 2030

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2030  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANASTASIA RUMINSKA

2. DATE  
OF  
DEATH

February 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

318 S. Ann Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

John Makowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Feb. 14, 1879

9. AGE (in years  
last birthday)

73

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Josephine Lewandowski

17. INFORMANT

ADDRESS

Mrs. Frances Korycki, 2603 E. Biddle Street

18. 157X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Hypostatic Pneumonia

2/28/52

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

Carcinoma of Pancreas

Aug 1. 51

(C)

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 8, 1952, to Feb 29, 1952, that I last saw the  
deceased alive on Jan 28, 1952, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M.D.

8014 Kenwood Dr

Feb 29 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City or county)

(State)

Burial

3/3/52

Holy Rosary

Baltimore,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1952

Huntington Williams

M.F. SADOWSKI &amp; SONS, 1808 EASTERN AVENUE

VS 150

469

MEDICAL CERTIFICATION

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52 2031

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2031  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rosaria Caldarazzo

2. DATE  
OF  
DEATH

Feb. 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 16 N. Montford Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONYrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Rosario Galeano

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

16 N. Montford Ave

8. DATE OF BIRTH

August 12 1901

9. AGE (In years last birthday)

50

If Under 1 Year  
Months: Days

6

16

If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Lucia Marino

17. INFORMANT

ADDRESS

Frank Caldarazzo 16 N. Montford Ave

## CAUSE OF DEATH

18. 153X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Feb 28, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 5 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

24B. DATE

March 3rd/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1952

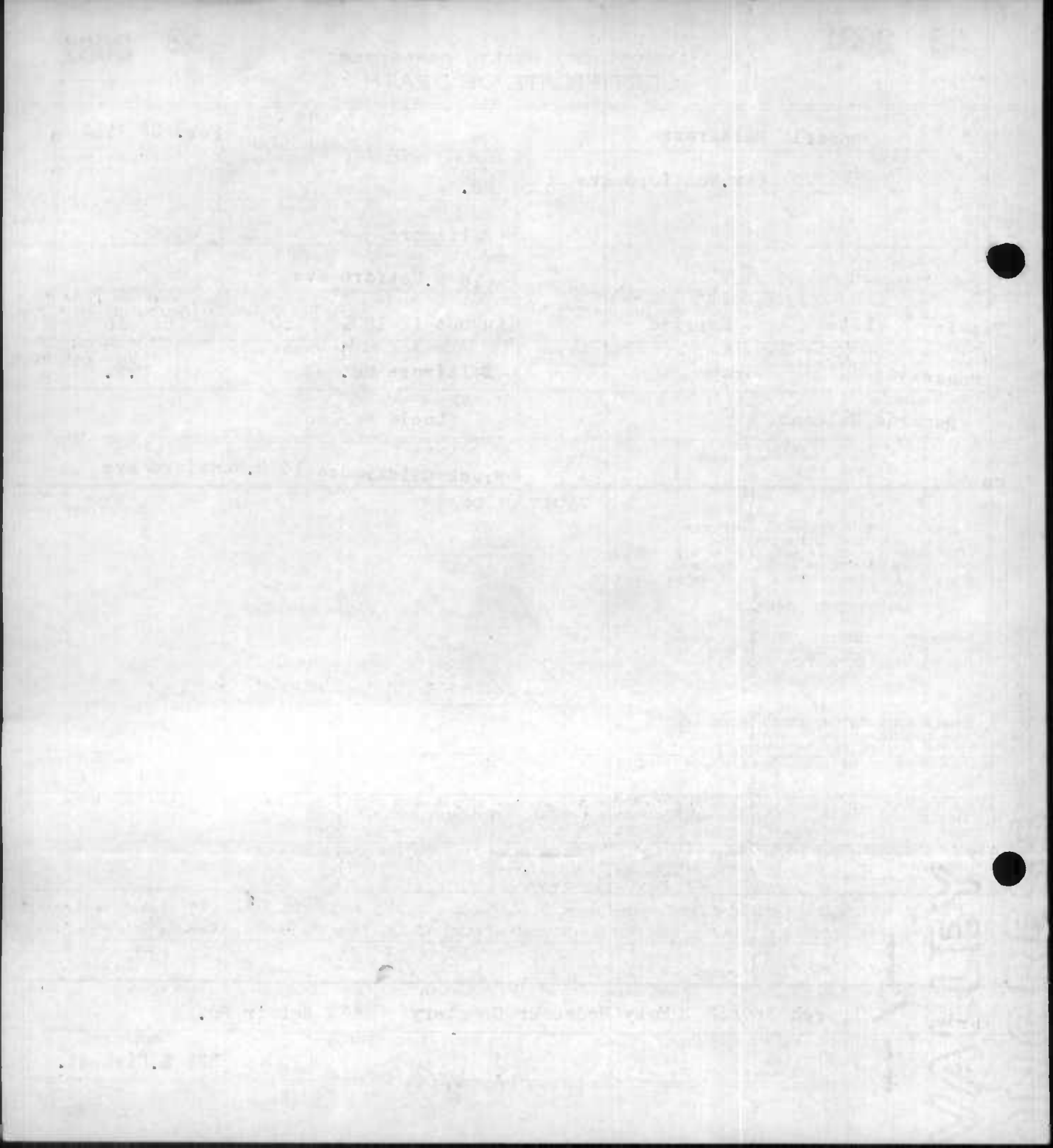
VS 150

322 S. High St.

46E

MEDICAL CERTIFICATION





660 52 2032

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2032

Registered No. \_\_\_\_\_

BIRTH NO. 52-03387

1. NAME OF DECEASED (Type or Print) <b>BABY CHARLES HERBERT HARRER</b>			2. DATE OF DEATH <b>FEB. 29-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>BON SECOURS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b> <b>Ridgely</b>		
D. STREET ADDRESS (If rural, give location) <b>1708 WESTON AVE</b> <b>5300</b>			E. LENGTH OF STAY IN BALTIMORE <b>19</b> Yrs. <b>19</b> Mos. <b>19</b> Days		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>FEB. 10, 1952</b>	9. AGE (In years last birthday) <b>19 DAYS</b>	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BALTIMORE MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>HENRY HARRER</b>			14. MOTHER'S MAIDEN NAME <b>BERNADETTE SCHNEIDER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Henry Harrer - 1708 Weston Ave.</b>		

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **751X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **MENINGITIS**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **SPINA BIFIDA (CONGENITAL)**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **February 14, 1952**, to **February 29, 1952**, that I last saw the deceased alive on **Feb. 29, 1952**, and that death occurred at **5 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Davis M. Garte</b>	23B. ADDRESS <b>Bon Secours Hospital</b>	23C. DATE SIGNED <b>2/29/52</b>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3-3-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mount Holy Redeemer</b>	24D. LOCATION (City, town, county) (State) <b>Baltimore City, Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 2-1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>George J. Ruth Inc</b>	ADDRESS <b>1735 Hanford Ave.</b>

157B

MEDICAL CERTIFICATION

1918

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52 2033

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2033

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HERBERT L. NEIL

2. DATE  
OF  
DEATH

March 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Washington, D.C.

8. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Bolding Field Air Force Base

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

23

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. E816.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of skull

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Compound comminuted fracture of left

XXXXX tibia

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Washington Blvd. and Harwood Avenue

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

3/1/52 2:25 A. m.

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☒  
AT WORK

21F. HOW DID INJURY OCCUR?

Driver of auto involved in accident

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Updegraff

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR

23C. DATE SIGNED

3/1/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

3/1/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Washington, D.C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N803.2

170C

✓

MEDICAL CERTIFICATION



52 2034

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2034

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Lyons

2. DATE  
OF  
DEATH

March 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-14-02

9. AGE (in years last birthday)

49

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac Lyons

14. MOTHER'S MAIDEN NAME

Esther H. Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war and dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 197x  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Due to

Mesothelioma

Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Due to  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb 12, 52

19B. MAJOR FINDINGS OF OPERATION

Mesothelioma involving stomach &amp; spleen, transverse

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1952, to 3-1, 1952, that I last saw the deceased alive on 3-1, 1952, and that death occurred at 7 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy H. Kay

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

March 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Riverside Chapel, N.Y., N.Y.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1952

Huntington Williams, M.D.

Wm. J. Tackman &amp; Sons, Balto. Md.





52 2035

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2035

BIRTH NO.

1. NAME OF DECEASED

(Type or print)

2. DATE

OF DEATH

MARCH 1, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1004 E. Biddle St.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

1004 E. BIDDLE AVE.

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year

If Under 24 Hours

FEMALE

WHITE

SINGLE

1882

69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEO. H. ANTON

14. MOTHER'S MAIDEN NAME

ANNA HEIM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MR. GIBSON ANTON - 412 WHITRIDGE

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Tuberculosis, Advanced

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry + Inspection and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐

23c. DATE SIGNED

Francis J. Januszewski

M.D.

23d. MEDICAL INVESTIGATOR

3-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 2 - 1952

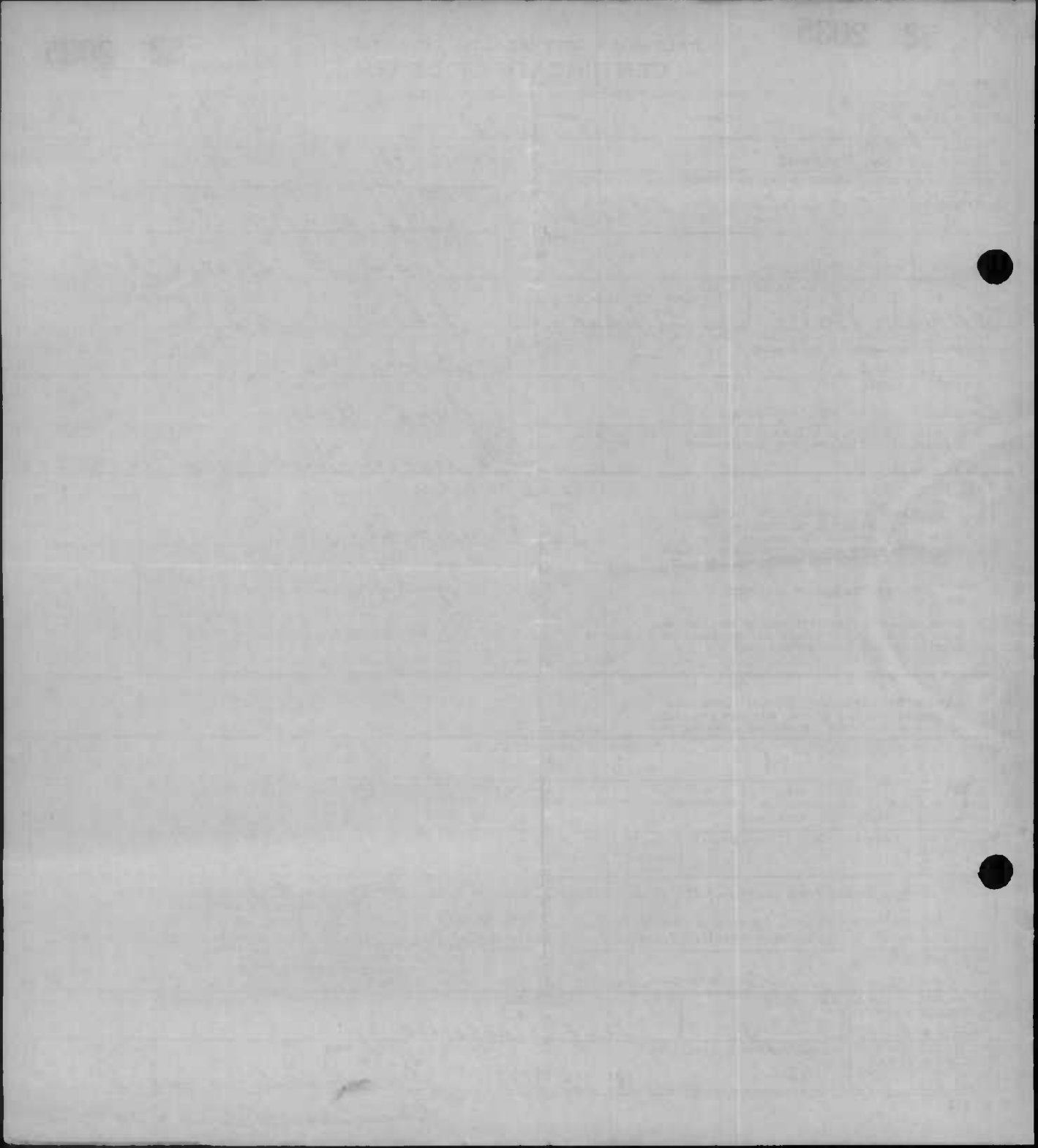
Huntington White

Pfeiffer &amp; Son 13B

VS 151

Greenwood Ave &amp; 22nd St.

MEDICAL CERTIFICATION



52 2036

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2036

Registered No.

BIRTH NO.

52-04668

1. NAME OF DECEASED  
(Type or Print)

BABY BOY FORD

2. DATE  
OF  
DEATH

2-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mory Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

53 A Lehighway North

8. DATE OF BIRTH

2-27-52

9. AGE (In years;  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frank T.

14. MOTHER'S MAIDEN NAME

Mildred Katzenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Prematurity  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Aspiration Pneumonia  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27, 1952 to 2-28, 1952 that I last saw the  
deceased alive on 2-28, 1952 and that death occurred at 7:12 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Mory Hosp.

23C. DATE SIGNED

2-28-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

B.

24B. DATE

3-1-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1600

1000 25

RECEIVED  
DEPT. OF HEALTH  
JAN 10 1910

1000 25



635  
52 2037BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH10-22-52  
52 2037  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Thomas J. Norton

2. DATE  
OF  
DEATH

Feb. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital (DOA)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write RURAL and give township)

9-08

D. STREET ADDRESS (If rural, give location)

2010 KENNEDY AVE

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Feb. 29, 1900

9. AGE (In years

last birthday)

51

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET.

10B. KIND OF BUSINESS OR INDUSTRY

FIRE DEPT.

11. BIRTHPLACE (State or foreign country)

BALTO., MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

PATRICK NORTON

14. MOTHER'S MAIDEN NAME

C. READY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. ELLEN NORTON - 2010 KENNEDY

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Leon H. Kammer, Jr.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-3-52

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Shepherd &amp; Son 942

VS 151

762 93

2

20

20

20

20

20

1800

5

1800

5

45  
52 2038BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2038

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna M. E. Coppelman</i>			2. DATE OF DEATH <i>Feb. 29, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto City Md</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Md</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2215 Wicomico St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>2215 Wicomico St</i>		
D. STREET ADDRESS (If rural, give location) <i>25-43</i>					
C. Length of stay in Baltimore <i>Life</i>			Yrs. Mos. Days		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 12-1877?</i>	9. AGE (In years last birthday) <i>74 76?</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME <i>John Wampler</i>			12. CITIZEN OF WHAT COUNTRY?		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>John J. Coppelman</i>			2295 <i>William St</i>		
18. <i>526X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bilateral Bronchiectasis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>? yrs.</i>		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 20</i> , 1952, to <i>Feb. 29</i> , 1952, that I last saw the deceased alive on <i>Feb. 27</i> , 1952, and that death occurred at <i>4:30 p</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Herbert L. Lurichas</i>		23B. ADDRESS <i>2436 Washington Blvd</i>		23C. DATE SIGNED <i>3/1/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-3-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Frederick Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>2215 Wicomico St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 2-1952</i>		VS 150			



RECEIVED

RECEIVED

52 2039

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2039

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Blanche*  
*Anne Russell*2. DATE  
OF  
DEATH*2/29/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)*Jenkins Memorial Hosp.*

C. Length of stay in Baltimore

*44*

5. SEX

*Female*

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*Single*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *md* B. COUNTY *Balto*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 27-13*

D. STREET ADDRESS (If rural, give location)

*5105 Roland Ave*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Bat-mar Corp*

13. FATHER'S NAME

*John**Alexander Russell*

11. BIRTHPLACE (State or foreign country)

*MD.*12. CITIZEN OF  
WHAT COUNTRY?*USA*

14. MOTHER'S MAIDEN NAME

*Anna B. Purnell*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL SECURITY NO.  
(If yes, give war or dates of service)*218-12-6687*

17. INFORMANT

ADDRESS

*Mr. Alex. H. Russell - Brooklandville - Md.*18. *345X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Multip to Se Cereosis*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Brain stem involvement.*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/1* 19*51* to *2/29* 19*52* that I last saw the deceased alive on *2/29* 19*52* and that death occurred at *8:45* p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*John B. Healy*

M. D.

*St Agnes Hosp**2/29/52*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**3-3-1952**Druid Ridge**Pikesville - Balto. Co. - Md.**MAR 2 - 1952**Huntington Williams, M.D.**Stewart & Mowen Co. - 108 W. North Ave.*

VS 150

*39032**City 87D*

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

STATE OF OHIO

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

52 2040

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2040

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Katie Walper

2. DATE

OF

DEATH 2-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

118 S. Franklinton Rd.

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1-6-1865

9. AGE (In years,  
last birthday)

87

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Lange

14. MOTHER'S MAIDEN NAME

Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

John Walper 118 S. Franklinton Rd

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(A)

DUE TO

(B)

DUE TO

(C)

1 day

Pneumonia

Hypertensive Cardio Vascular Disease 1949

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 2/1 - 2/28, 1952, to 2/28, 1952, that I last saw the  
deceased alive on 2/28, 1952, and that death occurred at 5 PM m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March 3, '52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3-1952

Huntington Williams, M.D.

F. B. Wappert &amp; Son

VS 150

2 F. B. Wappert &amp; Son 1300 Eutaw Pl.

93

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

REPORT OF INVESTIGATION  
DATE: 10/10/71  
BY: [illegible]

TO: [illegible]

FROM: [illegible]

52 2041

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2041

Registered No. \_\_\_\_\_

BIRTH NO. *Don Res.*1. NAME OF DECEASED  
(Type or Print)*Shirley Price*2. DATE  
OF  
DEATH*MAR 2 - 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION *THE JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

*VA.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*New Market*

D. STREET ADDRESS (If rural, give location)

*R.F.D.*

c. Length of stay in Baltimore

5. SEX

*female*

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*S.*

8. DATE OF BIRTH

*10-10-51*9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days*6*If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*VA.*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Jesse Price*

14. MOTHER'S MAIDEN NAME

*Dorothy Stroop*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*THE JOHNS HOPKINS HOSPITAL*18. *754.4*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Cardiac insufficiency**72 hrs.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Congenital cyanotic heart dis.*  
(C) *Tricuspid and pulmonary stenosis**since birth**"*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.*Recent closure of ductus arteriosus*

19A. DATE OF OPERATION

*2/29/52*

19B. MAJOR FINDINGS OF OPERATION

*Congenital cyanotic heart disease*

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-26-*, 1952 to *3-2-*, 1952 that I last saw the  
deceased alive on *3-2-*, 1952 and that death occurred at *3:10 A* m., from the causes and on the date stated above.

23A. SIGNATURE

*Dwight C. McLean*

M. D.

23B. ADDRESS

*THE JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*3/2/52*24A. BURIAL CREMA-  
TION; REMOVAL (Specify)

24B. DATE

*3-2-52*

24C. NAME OF CEMETERY OR CREMATORY

*Woods Chapel*

24D. LOCATION (City, town, or county)

*New Market Va.*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*1217 St. Paul St.*VS 150  
MAR 3 - 1952

157E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



INDS 82

RECEIVED THE MONTH OF JANUARY 1900  
CERTIFICATE OF DEATH

INDS 82

100-100000

Ms. 100

Barber, J. J.

Barber, J. J.

Barber, J. J.

X Barber, J. J.

3-1-1

Barber, J. J.



MD-156888  
BIRTH NO.

52 2042

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2042

Registered No.

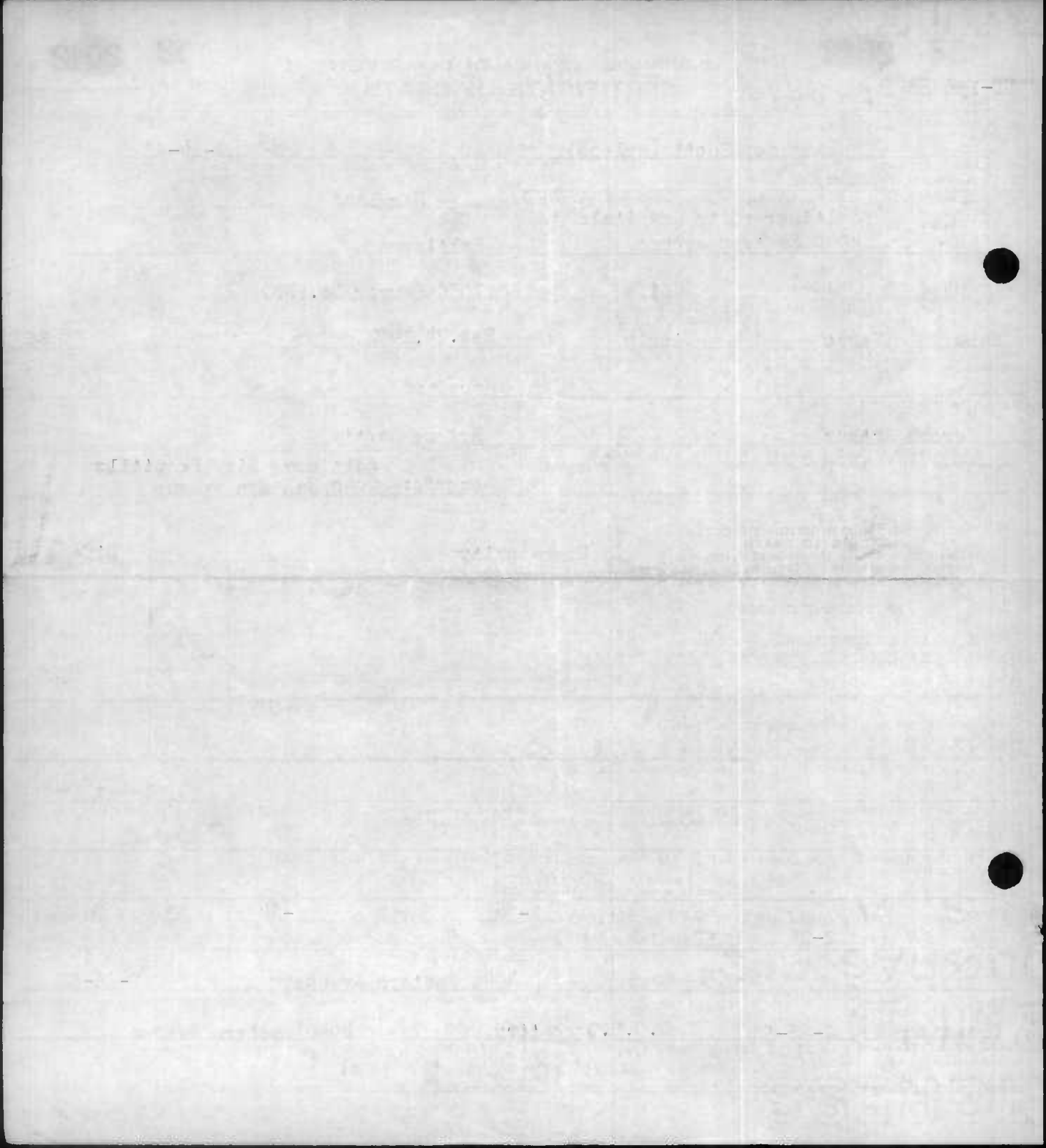
52-04193

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Scott (Arlene)</b>		2. DATE OF DEATH <b>2-24-52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>21-01</b>	
c. Length of stay in Baltimore <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>1030 Denver St. (30)</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 24, 1952</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>5</b> <b>25</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Jerome Arthur</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Arlene Scott</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>	

CAUSE OF DEATH

18. <b>776x I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Prematurity</b> DUE TO <b>Life</b>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>2-24</b> , 1952, to <b>2-24</b> , 1952, that I last saw the deceased alive on <b>2-24</b> , 1952, and that death occurred at <b>8 a. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>A. L. Rogers</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>2-26-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24B. DATE <b>2-26-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>B. C. H. Crematory</b>	
24D. LOCATION (City, town, or county) (State) <b>4940 Eastern Avenue</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b> <b>2040</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3 - 1952</b>					



517 52 2043

52 2043

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>James A. Kimbel</i>			2. DATE OF DEATH <i>3-1-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5200</i>		
D. STREET ADDRESS (If rural, give location) <i>4 Midway Ave</i> <i>Baltimore, md</i>			E. Length of stay in Baltimore <i>47</i> Mos. Days		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>3-21-04</i>		9. AGE (In years, last birthday) <i>47</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Guard</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>G.</i>		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
13. FATHER'S NAME <i>James C. Kimbel</i> <i>SPECTING CO.</i>			14. MOTHER'S MAIDEN NAME <i>Emma Murphy</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>wife</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		ADDRESS <i>same</i>	

18. <i>47001</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Crown Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic heart disease</i>		<i>?</i>

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>2-29-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *2-29*, 1952, to *3-1*, 1952, that I last saw the deceased alive on *3-1*, 1952 and that death occurred at *1 P* m., from the causes and on the date stated above.

23A. SIGNATURE *Philip S. Nelson* M. D. 23B. ADDRESS *Union Memorial Hosp* 23C. DATE SIGNED *Mar 1, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Mar 5/52* 24C. NAME OF CEMETERY OR CREMATORY *St. Carmel* 24D. LOCATION (City, town, or county) (State) *Baltimore 18 Maryland*

DATE RECEIVED BY LOCAL REGISTRAR *MAR 3 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Home 2000* ADDRESS *Chesapeake*

BS 3043

ONE

EXTRACTED FROM THE  
OFFICIAL RECORDS OF THE  
FEDERAL BUREAU OF INVESTIGATION



436  
52 2044BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2044  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ELNORA MAY SCHLUDERBERG</b>		2. DATE OF DEATH <b>Feb. 28, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3211 Tyndale Road</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-01</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3211 Tyndale Road</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 21, 1884</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>67</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Pedrick Hart</b>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Anna Powell</b>		ADDRESS <b>3211 Tyndale Road</b>	

18. <b>Heart</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>myocarditis</b> DUE TO (A) <b>myocarditis</b> (B) <b>✓</b> (C) <b>✓</b>	CAUSE OF DEATH <b>myocarditis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>Few months</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST (B) <b>✓</b> (C) <b>✓</b>		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT <b>Gangrene of left foot.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Few months.</b>
19A. DATE OF OPERATION <b>none.</b>	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb. 26, 1952** to **Feb. 28, 1952** that I last saw the deceased alive on **Feb. 28, 1952** and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Frank W. Oden</b>	M. D.	23B. ADDRESS <b>2701 N. Calvert St.</b>	23C. DATE SIGNED <b>Feb. 28, 52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>March 5, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Morland Mem. Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3-1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Ullrich Funeral Home</b>	ADDRESS <b>2008 Orleans St.,</b>

1408

52

1408

52



235  
52 2045BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2045  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FREDERICK KASTNER

2. DATE  
OF  
DEATH

February 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTE Maryland General Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore 21-02 township)

D. STREET ADDRESS (If rural, give location)

1205 Carroll St. #30

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

Oct. 1, 1876

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Talor

14. MOTHER'S MAIDEN NAME

Coraline Kleinbaum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Gangrene of RT. foot  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Paget's disease of bone  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8 1952 to 2/28 1952 that I last saw the  
deceased alive on 2/28/ 1952 and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lulu Bakhair

23B. ADDRESS

M. D.

Maryland General Hospital

23C. DATE SIGNED

2/28/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Mar 3/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans

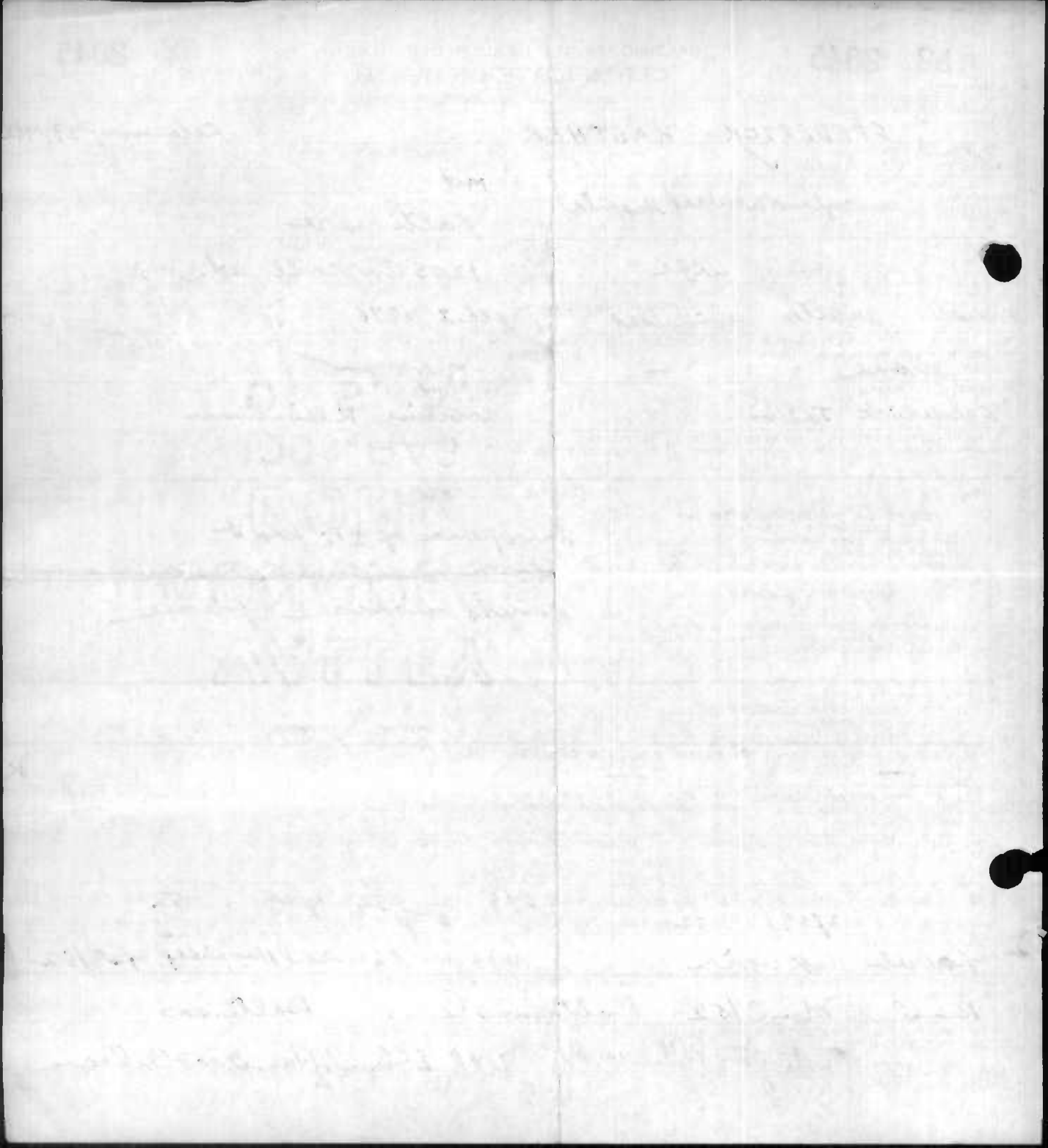
MAR 3 - 1952

VS 150

1952

155





52 2046

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2046

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY

HUGHES

2. DATE  
OF  
DEATH

February 26, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Provident Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

16-04

d. STREET ADDRESS (If rural, give location)

1113 McKean Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

70

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Preacher

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ma

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Hughes 801 N. Tucker

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

Feb. 27, 1952

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

3/3/52

24c. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24d. LOCATION (City, town, or county)

Westport

(State)

md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington, Md

25. FUNERAL DIRECTOR

ADDRESS

Edolphus Habtead 918 Duval

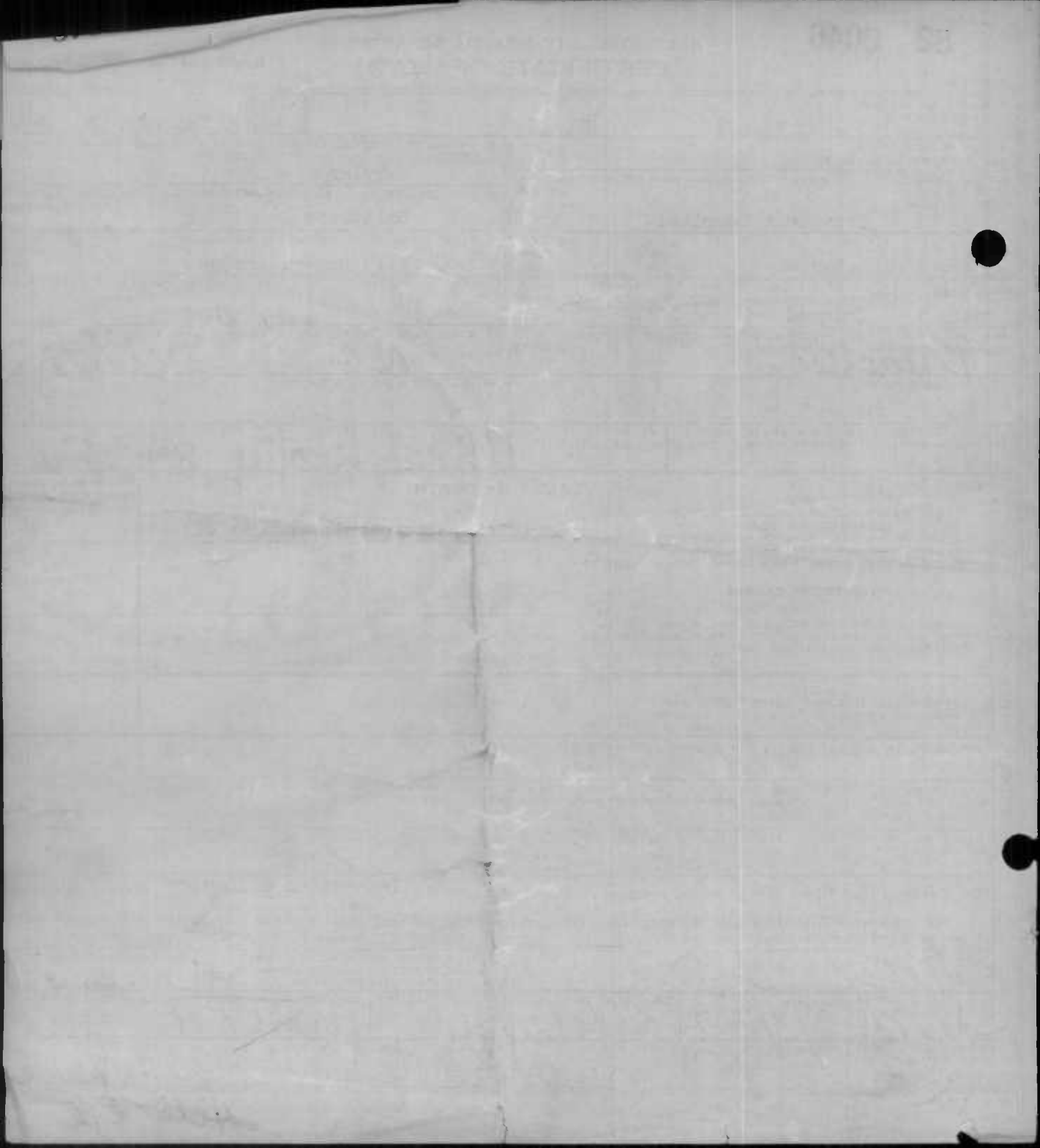
MAR 3 - 1952

VS 151

0098W

937 Hill etc

MEDICAL CERTIFICATION



652  
52 2047

52 2047

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. 51-05941

1. NAME OF DECEASED (Type or Print) <b>GLORIA HOPE HERRING</b>			2. DATE OF DEATH <b>2-29-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>THE JOHNS HOPKINS HOSPITAL</b> <b>5106 PEMBOKE AVE</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b> <b>27-01</b>		
c. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>5106 PEMBOKE AVE</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>MAR 13, 1951</b>	9. AGE (in years last birthday) <b>11 Mos</b>	If Under 1 Year Months: <b>11</b> Days: <b>16</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>BALTI, MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>CHARLES HERRING</b>			14. MOTHER'S MAIDEN NAME <b>DOROTHY</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT <b>Robert Charles Herring</b> ADDRESS <b>THE JOHNS HOPKINS HOSPITAL</b>		

18. <b>375.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>upper respiratory infection 3 day</b>	CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ <b>mongolism</b>	INTERVAL BETWEEN ONSET AND DEATH <b>life</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Feb 28</b> , 19 <b>52</b> , to <b>Feb 28</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Feb 28</b> , 19 <b>52</b> , and that death occurred at <b>5 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Robert E. Appleby</b> M. O.		23B. ADDRESS <b>THE JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>2-29-52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>March 3-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Trinity Russian</b>	24D. LOCATION (City, town, or county) (State) <b>Elkridge Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3-1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>J. M. Grebliauckas Jr.</b> ADDRESS <b>1905 E. Pratt St.</b>	

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

REPORT OF THE

INVESTIGATION

OF THE

CAUSE OF

THE

LOSS OF

THE

PLANT

INDUSTRY

IN

THE

STATE OF

MISSISSIPPI

IN

THE

YEAR

1907

BY

THE

COMMISSIONER

OF

AGRICULTURE

AND

FORESTRY

OF

MISSISSIPPI

IN

THE

YEAR

1907

REPORT OF THE

INVESTIGATION

OF THE

CAUSE OF

THE

LOSS OF

THE

PLANT

INDUSTRY

IN

THE

STATE OF

MISSISSIPPI

IN

THE

YEAR

1907

BY

THE

COMMISSIONER

OF

AGRICULTURE

AND

FORESTRY

OF

MISSISSIPPI

IN



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FEB 10 1964

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52 2049

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2049

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Thomas James

2. DATE  
OF  
DEATH

2/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

911 N. Gilmore Street

c. Length of stay in Baltimore

40yrs

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Moulder

10B. KIND OF BUSINESS OR  
INDUSTRY

Gen Ref. Brick Co.

13. FATHER'S NAME

Walter James

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

214-05-3729

B. DATE OF BIRTH

3/15/90

9. AGE (in years  
last birthday)

61

11. BIRTHPLACE (State or foreign country)

Sumpter, S.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Elsie James

17. INFORMANT

ADDRESS

Mrs. Bertha James, 1022 N. Stricker

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

DUE TO

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

?

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1952 to Jul 29, 1952 that I last saw the  
deceased alive on Jul 29, 1952 and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 1952

Huntington Williams, M.D.

Charles R. Law, 802 Madison Ave.

VS 150

69037

46B

MEDICAL CERTIFICATION

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

1942-52

52 2050

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2050

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Kate Murchison Bidgood

2. DATE  
OF  
DEATH

March 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

none

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1312 Park Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1312 Park Avenue

c. Length of stay in Baltimore

34 Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

female

white

widowed

10 - 15 - 60

91

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fayetteville, N. C.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John D. Williams

14. MOTHER'S MAIDEN NAME

Isabella Jane Murchison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Isabel Bidgood

1312 Park Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive Heart Failure

2-3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

Myocarditis  
Arterio-sclerosis

DUE TO

(C)

Gradual

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 1945, to Mar 1, 1952 that I last saw the deceased alive on May 1, 1952 and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

1403 Park Avenue

3 - 3 - 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3 - 4 - 52

Cross Creek

Fayetteville, N. C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1952

Huntington Williams, M.D.

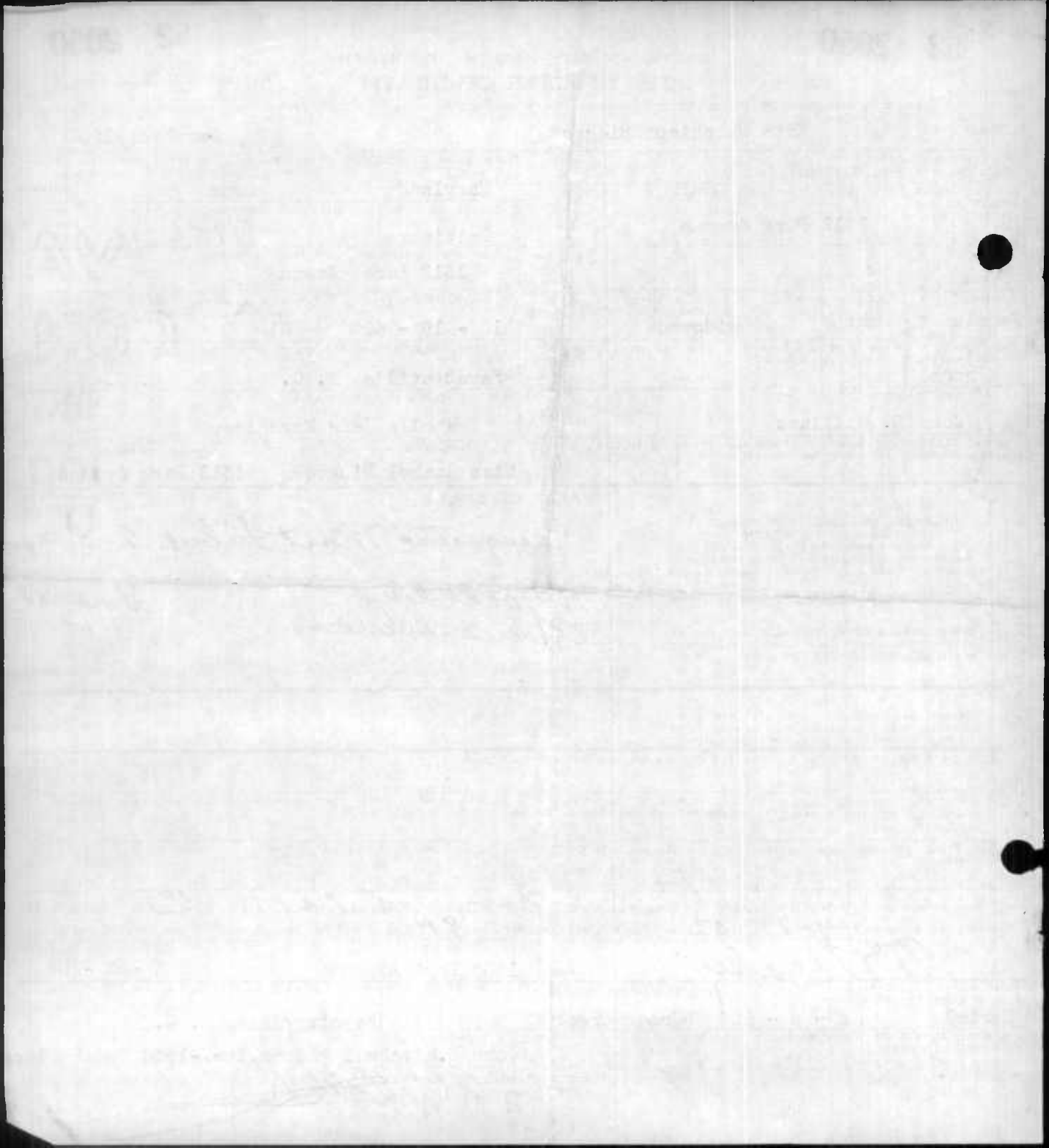
John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Place

M. B. Mitchell

VS 150

937

MEDICAL CERTIFICATION



52 2051

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2051

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HOWARD W. BRADY

2. DATE  
OF  
DEATH

2-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-01

D. STREET ADDRESS (If rural, give location)

3700 No. Charles St.

B. FULL NAME OF HOSPITAL OR INSTITUTION

Union Memorial Hospital

c. Length of stay in Baltimore

72 Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 16, 1879

9. AGE (in years, last birthday)

72

10. Under 1 Year  
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Executive, Pres.

10B. KIND OF BUSINESS OR INDUSTRY

Coal &amp; Fuel Oil

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Edwin S. Brady

R

14. MOTHER'S MARDEN NAME

Elizabeth Landin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Walter Brady

ADDRESS

Eden Hall Apts.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular Accident

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Hypertensive Cardio-Vascular disease

2 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-29, 1952 to 2-29, 1952 that I last saw the deceased alive on 2-29, 1952 and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Waverly S. Green, Jr. M.D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-4-52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 3-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell &amp; Sons, Inc.-1900 Eutaw Place

ADDRESS





52 2052

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2052  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MINNIE LIEBAU

2. DATE  
OF  
DEATH

February 29, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

Maryland

Anne Arundel

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

South Baltimore General

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Severn

(RURAL)

d. STREET ADDRESS (If rural, give location)

Quarterfield Road.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH

July 28, 1883

9. AGE (in years  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House work

10b. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Fred. Deichgraber

14. MOTHER'S MAIDEN NAME

Bertha Luetke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Mrs. John Hampshire,

Rock Hill Beach  
Pasadena, Md.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Thrombosis of right middle cerebral artery

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Softening of the right internal capsule

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

William V. Board

M. D.

23b. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

3/1/52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

March 3, 1952

24c. NAME OF CEMETERY OR CREMATORY

Deichgraber's Cemetery

24d. LOCATION (City, town, or county) (State)

Quarterfield Road, A.A.Co. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Thomas W. Singleton, Glen Burnie, Md.

VS 151

8312 ✓



CONTENTS OF VOLUME

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255  
52 2053BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2053  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HENRY DICKMAN

2. DATE  
OF  
DEATH

February 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE  
Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-02

D. STREET ADDRESS (If rural, give location)

810 W. North Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1875

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Dakota

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

S

14. MOTHER'S MAIDEN NAME

S

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Aileen Dickman 810 W North Ave

18. E 929.81

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Drowning, found drowned

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Pier 6, 1100 Key Highway

24/2

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Found 2/29/52 9:30 A.M.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Drowning, found drowned

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

B. K. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2/29/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 4 - 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Ceph.

24D. LOCATION (City, town, or county)

North Ave

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

B. K. Fisher 1000 S Paca St

ADDRESS

VS 151

N-990X

183



563 52 2054

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2054  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

STEVE G. LINARDIS

2. DATE  
OF  
DEATH

2-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5300

D. STREET ADDRESS (If rural, give location)

2118 LINCOLN AVE

c. Length of stay in Baltimore

40

Yrs.

Mon

Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year

If Under 24 Hours

last birthday)

Months

Days

Hours Min.

63

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JANITOR

10B. KIND OF BUSINESS OR INDUSTRY

BETHLEHEM STEEL

11. BIRTHPLACE (State or foreign country)

GREECE

12. CITIZEN OF WHAT COUNTRY?

?

13. FATHER'S NAME

GEORGE LINARDIS

14. MOTHER'S MAIDEN NAME

MARY ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

1B.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL ANOXIA

4 HRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PNEUMONECTOMY

DUE TO

(C) MULTIPLE LUNG ABSCESSSES 2 WKS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

10 YRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

2-29-52

MULT. LUNG ABSCESSSES RT LUNG

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-28, 1952 to 2-29, 1952 that I last saw the deceased alive on 2-29, 1952, and that death occurred at 9 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Geo M. Dunn

M. D.

University Hospital

2-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-3-52

Greek Cemetery

Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1952

Huntington Williams, M.D.

Lambros Inc. 440 E. North Ave

CERTIFICATE OF DEATH

STATE OF TEXAS

52 2055

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2055

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL TRALINE

2. DATE  
OF  
DEATH

3-2-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3603 Cedarvale Road

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

65

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
a. STATE b. COUNTY before admission)

Md

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-11

d. STREET ADDRESS (If rural, give location)

3603 Cedarvale Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

68

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR  
INDUSTRY

Jewelry

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Hersh

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Rose Traline

ADDRESS

Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Grippe

48 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to 3/2, 1952, that I last saw the  
deceased alive on 3/2, 1952, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Lallen

23B. ADDRESS

1847 W. Karl Ave

23C. DATE SIGNED

3/2/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 3-2-52

Baltimore Hebrew

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1952

Huntington Williams, M.D. Jack Lewis 2100 Eutaw Pl

VS 150

9520-102055

290 652

94a

MEDICAL CERTIFICATION

2002

30

THE STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO

2002

30





250  
52 2056BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 2056

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rose Okyen

2. DATE  
OF  
DEATH

3/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Length of stay in Baltimore

45

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2000 Hampden Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Leah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Morris Okyen - Same

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Coronary Artery Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

Obesity

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

C. J. Tulmache

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☐  
M.D. MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

3/2/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-4-52

Mt Carmel

Baltimore

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 3 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Euterpe St

VS 151

94a ✓

100

100

100

100

100

252  
52 2057BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2057  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EMILY WASHINGTON</b>		2. DATE OF DEATH <b>February 29, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>523 N. Paca Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>17-01</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>523 N. Paca Street</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 29, 1904</b>
9. AGE (In years last birthday) <b>47</b>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>William Robinson</b>		14. MOTHER'S MAIDEN NAME <b>Mary Ellen Harris</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Marion Church</b>		ADDRESS <b>523 N. Paca St.</b>	

18. <b>146X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of the nasal pharynx</b> <del>Stroke</del> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized Carcinomatosis</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Carcinoma of the nasal pharynx</b> <del>Stroke</del> (B) <b>Generalized Carcinomatosis</b> (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <b>partial autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William V. Wood</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>3/1/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3-5-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Martinsburg, W. Virginia</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3-1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	51 FUNERAL DIRECTOR <i>Mrs. Frances K. Hensley</i>	ADDRESS <b>578 W. Biddle St.</b>
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1205 52

INDUSTRIAL RELATIONS DIVISION  
WASHINGTON, D. C. 20540

1205 52

RECEIVED

DATE

TIME

BY

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536 52 2058

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2058  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Maude Anderson

2. DATE  
OF  
DEATH

3/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mercy Hosp

C. Length of stay in Baltimore

Wk

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

(21) 1802 W. Huntington

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,  
last birthday)If Under 1 year  
Months: Days  
If Under 24 hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cerebral Hemorrhage 8 hrs  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertension  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 3/1, 1952 to 3/1, 1952, that I last saw the  
deceased alive on 3/1, 1952, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cremation

3/4/52

Green Mount Crem.

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1952

Huntington Williams, M.D.

Wm. J. Tinkner &amp; Sons

VS 150

4906C

832 Balto Md.

correct age is essential important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

RECEIVED

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]*

354	52	2059	CERTIFICATE CORRECTED	3-7-52	52	2059
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.		
BIRTH NO.				CERTIFICATE OF DEATH		
1. NAME OF DECEASED (Type or Print) <b>STIDHAM</b> <b>MARY STRAHAM STEINWALD</b>				2. DATE OF DEATH <b>Mar. 1, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Md.</b> b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <b>Crawford Retreat</b> INSTITUTION <b>2117 Denison St.</b>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>16-05</b>		
c. Length of stay in Baltimore				d. STREET ADDRESS (If rural, give location) <b>2509 Harlem Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Aug. 5, 1876</b>	9. AGE (In years, last birthday) <b>75</b>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>office mgr. (Rtd)</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Wrought Iron Mfg.</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME <b>Sidham Stidham</b>		
14. MOTHER'S MAIDEN NAME <b>-</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		
16. SOCIAL SECURITY NO. <b>214-01-9618</b>				17. INFORMANT ADDRESS <b>Mr. Osmar Steinwald - 4415 Sedgwick Rd.</b>		
18. <b>260X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Apoplexy</b> DUE TO <b>Hypertensive C V D</b> ANTECEDENT CAUSES <b>Diabetes - mellitus</b> DUE TO <b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b> <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <b>0</b>				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Feb 19, 1952</b> to <b>Mar 18, 1952</b> , that I last saw the deceased alive on <b>Mar 15, 1952</b> , and that death occurred at <b>5:05 p.m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>Wm. J. Pickner</b>				23b. ADDRESS <b>3033 W. North Ave.</b>		23c. DATE SIGNED <b>3/3/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/5/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Pickner &amp; Sons</b>		ADDRESS <b>Balto Md 61</b>





52 2060

52 2060

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ED WARD

JOHNSON

2. DATE  
OF  
DEATH

February 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

726 Pennsylvania Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

726 Pennsylvania Avenue

C. Length of stay in Baltimore

30 Yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/28/1886.

9. AGE (In years  
last birthday)

65

10. Under 1 Year  
Months: Days

9

11. Under 24 Hours  
Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

stevedore

10B. KIND OF BUSINESS OR INDUSTRY

at docks.

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Johnson, Sth. Carolina.

14. MOTHER'S MAIDEN NAME

LOUISE  
Stn. Carolina.15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL  
SECURITY NO.

216,10,7876

17. INFORMANT

ADDRESS

Lottie Temple, 133 W. 118. Th. St. N.Y.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3/1/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial.

24B. DATE

3/4/52.

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

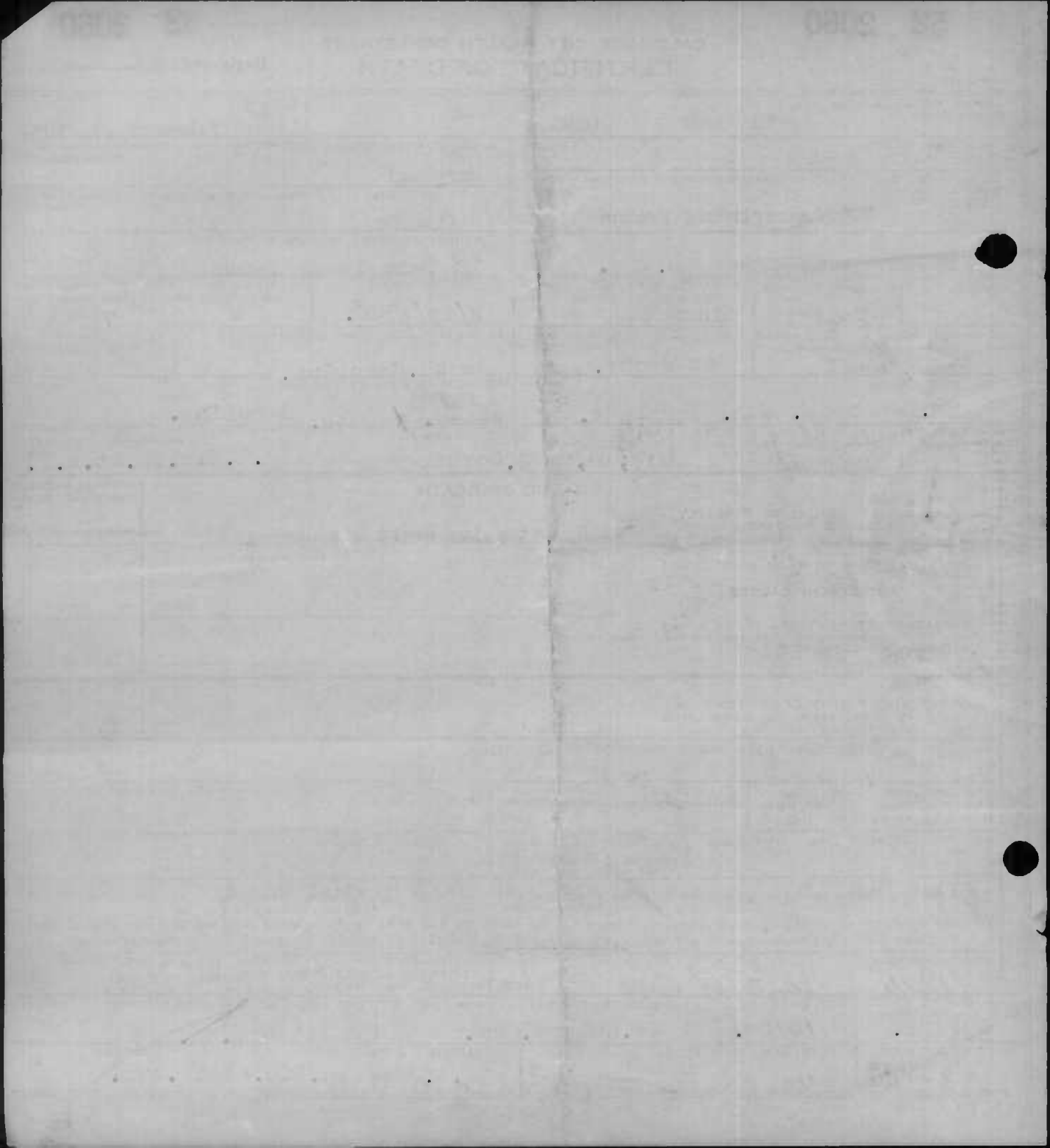
25. FUNERAL DIRECTOR

Wm. A. Jackson, 916 Panna. Ave.

ADDRESS

VS 151

937 ✓



61352 2061

52 2061

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harry J. Kraft

2. DATE  
OF  
DEATH

February 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1302 Appleby Avenue

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

27 years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1302 Appleby Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 28, 1876

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Light Inspector-Retired Gas &amp; Electric Co.

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U S A

13. FATHER'S NAME

John Philip Kraft

14. MOTHER'S MAIDEN NAME

Frances -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
212-05-5871

17. INFORMANT

ADDRESS

Auguston M. Jewell 1302 Appleby Avenue

18. 331X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

Cerebral Hemorrhage  
Hypertension

2 days

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Feb. 18, 1952, to Feb. 29, 1952, that I last saw the  
deceased alive on Feb. 29, 1952, and that death occurred at 7:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Louis R. Mason

M. D.

23B. ADDRESS

4335 Park Heights Ave

23C. DATE SIGNED

3/1/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

MAR 3 - 1952

Huntington Williams, M.D.

Horace F. Burgee

83a

1898 51

1898 51

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1898 51

1898 51

452 52 2062

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2062  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

IRENE

WILLIAMS

2. DATE  
OF  
DEATH

Feb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/3/24

9. AGE (in years  
last birthday)

28

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

Leonardtown, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Williams

14. MOTHER'S MAIDEN NAME

Mary Toney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Hall 681 Sarah Ann St.

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Feb. 26, 1952

24A. BURIAL, CREMA-  
TORIAL REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1952

Thurston Williams

Joseph H. Halsey

VS 151

6908C

13B

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

9805 37

RECEIVED FROM THE U.S. DEPT. OF AGRICULTURE  
WASHINGTON, D.C.

9805 37

*[Faint, illegible text and markings, possibly bleed-through from the reverse side of the page.]*



520 52 2063

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2063  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DOROTHY THOMAS		2. DATE OF DEATH February 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01	
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 45 W. West Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Tavern	
11. BIRTHPLACE (State or foreign country) FREDERICK, CO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CLAYTON THOMAS		14. MOTHER'S MAIDEN NAME BLANCHE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT WILLIAM BUTLER, WEST ST		ADDRESS 107 W.	

18. 4221	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Constrictive Pericarditis DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William Butler	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 3/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-5-52	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN	24D. LOCATION (City, town, or county) (State) BALTO. MD.
DATE RECEIVED BY LOCAL REGISTRAR MAR 3-1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Haldstad	ADDRESS 918 93D ✓

1988

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BATHING CITY HALL DEPARTMENT

1988

S

TEMPERATURE RECORD

DATE		TIME		TEMPERATURE		WIND		HUMIDITY		WEATHER	

200  
52 2064BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2064  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Hess, Dolores</u>		2. DATE OF DEATH <u>March 1, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1538 Riverside Ave.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept.</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	9. AGE (In years last birthday) <u>43</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <u>John J. Ward</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Annie Schwabline</u>	
17. INFORMANT <u>Emil J. Hess</u>		ADDRESS <u>I538 Riverside Ave.</u>	
18. <u>550 1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Peritonitis, generalized</u> DUE TO ANTECEDENT CAUSES (B) <u>Perforated gangrenous appendix</u> DUE TO (C) <u></u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <u>February 24, 1952</u>		19B. MAJOR FINDINGS OF OPERATION <u>Perforated gangrenous appendix</u>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>February 24, 1952</u> to <u>March 1, 1952</u> , that I last saw the deceased alive on <u>Feb. 29, 1952</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>BY J. J. J. J.</u>		23B. ADDRESS <u>1100 N. Caroline St.</u>	
23C. DATE SIGNED <u>March 1, 1952</u>		24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24B. DATE <u>3/4/1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24D. LOCATION (City, town, or county) <u>Baltimore, Md.</u>		24E. FUNERAL DIRECTOR <u>W. J. Flynn &amp; Fleming</u>	
24F. ADDRESS <u>I426 Light St.</u>		24G. DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 3 - 1952</u>	
24H. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		24I. ADDRESS	

VS 150

19520002062

121

Contact age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2065**

**616**  
**52 2065**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Walter Gottlieb Herbert</b>			2. DATE OF DEATH <b>3-1-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>md.</b> B. COUNTY <b>Harford</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			C. CITY OR TOWN <b>Rural</b> (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1110 Chesaca Ave</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb 21-1903</b>		9. AGE (In years last birthday) <b>49</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>machinist</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Schlumberger MEAT PACK (A)</b>		11. BIRTHPLACE (State or foreign country) <b>Balto Co md.</b>
13. FATHER'S NAME <b>John G. Herbert</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		14. MOTHER'S MAIDEN NAME <b>Bertha F. Spath.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mrs John G. Herbert</b>			ADDRESS <b>1110 Chesaca Ave</b>		

18. <b>E915.3</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Skull Fracture</b> (A) ..... DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) ..... DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ..... DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Industrial place</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Esskay Meat Packing Firm, Highlandtown</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>March 1, 1952 1:00 P. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Explosion of machinery</b>	
22. I certify that I took charge of the remains described above, held an <b>Insp. Inq</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William V. Lovett</b>		M.D. 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>3-2-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3/5/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Zion Lutheran Cem.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3-1952</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams</b>		25. FUNERAL DIRECTOR <b>Lafayette Funeral Home</b>	
				ADDRESS <b>7401 Belair Rd.</b>	

V S 151  
**N-803.2**  
**54440**

Correct age is especially important. If stains, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

2601E.

Monument

57

Weilbrenner  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2066

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Minnie Weilbrenner*

2. DATE  
OF  
DEATH

*March 1-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*5924 Greenhill Ave*

C. CITY OR TOWN

(If outside corporate limits, write I.U.R.A. and give township)

*Balto*

*26-01*

D. STREET ADDRESS (If rural, give location)

*5924 Greenhill Ave*

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

*At Home*

*own Home*

*Balto. City*

*U.S.A.*

13. FATHER'S NAME

*Henry Asbauer*

14. MOTHER'S MAIDEN NAME

*Theresa Miller*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mr Harry A Weilbrenner 4217*

18. *443X 1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocarditis*

*2 March*

DUE TO

*Hyper tension*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cardio - Vascular Disease*

DUE TO

*Hypertension*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/6/50*, 19*50*, to *3/1/52*, 19*52*, that I last saw the deceased alive on *3/1/52*, 19*52*, and that death occurred at *7 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial*

*3/5/52*

*Parkwood Cem*

*Balto*

*MD*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 3 - 1952*

*Huntington Williams, M.D.*

*Lassalby Funeral Home 7401 Balto Rd*



Dr Louis Vogel  
1204 E. 33d St

2601 E. Monument

520  
52 2067

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2067

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ruth Finch

2. DATE  
OF  
DEATH

Feb. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Cal 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write U. S. A. L. and give township)

D. STREET ADDRESS (If rural, give location)

1638 E. Pratt St

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
THE JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Anuria - Lower nephron nephrosis

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Subarachnoid hemorrhage  
Diabetes mellitus

6 days  
10 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23, 1952, to 2/29, 1952, that I last saw the deceased alive on 2/29, 1952, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Carol G. Johnson

M. D.

3/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1952

Huntington Williams, M.D.

Joseph E. Locks, Jr. 1306 N. Central

1900

THE NATIONAL BUREAU OF STANDARDS

WASHINGTON, D. C.

1900

April 10 - 1900

April 10 - 1900

1900

1900

656  
52 2068TRENNER  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2068

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Trenner

2. DATE  
OF  
DEATH

3/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

City Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Md 26-07

D. STREET ADDRESS (If rural, give location)

314 S. Schick St

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/29/1902

9. AGE (In years

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Automobile

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Francis X Trenner

14. MOTHER'S MARRIED NAME

Frances Burkmyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

817-05-6710

17. INFORMANT

Marie D. Trenner

ADDRESS

314 S Schick St

18. 073X1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) P. N. 5 Lues

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. P. Zubinski

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

3/2/52

24A. BURIAL, CREMA-TION REMOVAL (Specify)

Burial

24B. DATE

3/5/52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Jesus

24D. LOCATION (City, town, or county)

Balto Co

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1952

Huntington Williams

J. J. Bugdamer 1407 Eastern Ave

8000

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BUREAU OF THE ARMY

RECEIVED

JUNE 5

S

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2069

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Russel W. Jenkins</u>	2. DATE OF DEATH <u>3-2-52</u>
---	--------------------------------

3. PLACE OF DEATH: A. Baltimore City, Maryland <u>204 Lloyd St</u>	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Penna</u> B. COUNTY <u>Franklin</u>
---	--

B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chambersburg</u>
---	---

D. STREET ADDRESS (If rural, give location)	Yrs. Mos. Days
---	----------------

C. Length of stay in Baltimore

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>12-25-1909</u>	9. AGE (In years last birthday) <u>42</u>	10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.
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10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chambersburg</u>	12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
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13. FATHER'S NAME <u>Walter Jenkins</u>	14. MOTHER'S MAIDEN NAME <u>Mellie Mc Gill</u>
--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mrs Edna Cook Chambersburg</u>
--	-------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mrs Edna Cook Chambersburg</u>
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18. <u>490X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Lobar Pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH
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(A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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(B) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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(C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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(C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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(C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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(C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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(C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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HYPER-TECHNICAL



120  
52 2070

CERTIFICATE CORRECTED 3-5-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 2070  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lancaster Hopps

2. DATE OF DEATH 3.2.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence)  
A. STATE B. COUNTY

Md.

SE. MARY'S CO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Palmers

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

2 days

5. SEX

M.

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/25/1902

9. AGE (in years last birthday)

49

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waterman

10B. KIND OF BUSINESS OR INDUSTRY

Waterman

11. BIRTHPLACE (State or foreign country)

St. Mary's County, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

LACEY JEFFERSON

14. MOTHER'S MAIDEN NAME

MAGGIE Hopps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

WM F. JONES

ADDRESS

CAUSE OF DEATH

18. 493X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pneumonia

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2.28. 1952, to 3.2. 1952, that I last saw the deceased alive on 3.2. 1952, and that death occurred at 12:10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

L. S. L. S. L. S.

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

3/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/6/52

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM

24D. LOCATION (City, town, or county)

Bushwood MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

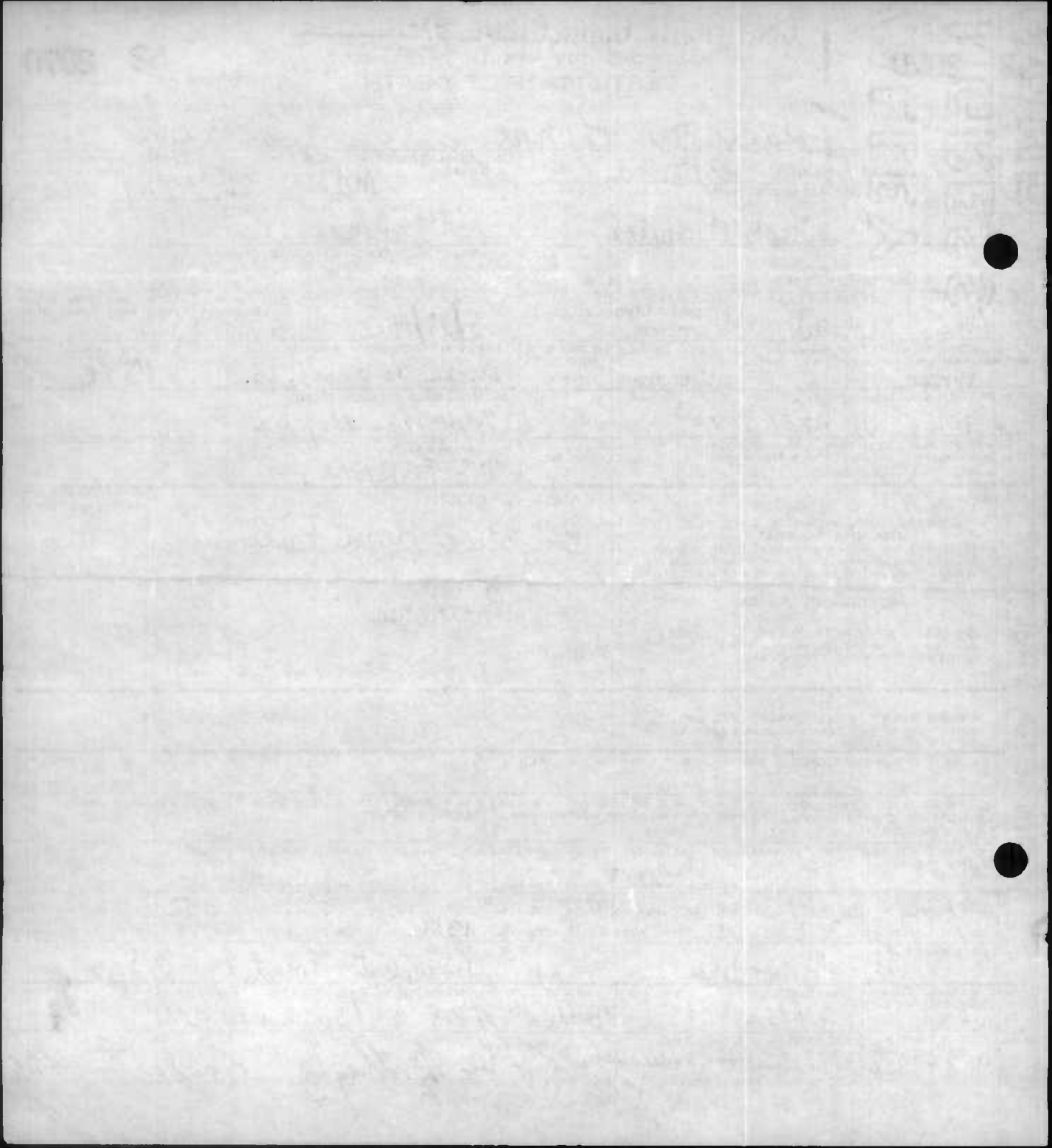
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Be Mattingly

ADDRESS

Landen town Md



545  
52 2071BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2071

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)JOSEPH A. TOMOLON A9  
(TOMOLONIS)2. DATE  
OF  
DEATH

February 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

No home address -

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar 19, 1906

9. AGE (In years  
last birthday)

45

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life even if retired)

Meat Cutter

10B. KIND OF BUSINESS OR  
INDUSTRY

Swift Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

U. S. M. T.

16. SOCIAL  
SECURITY NO.

218-26-2098

17. INFORMANT

ADDRESS

Army Discharge

18. 490 x 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. R. Fisher

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☐  
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-6-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Natl

24D. LOCATION (City, town, or county)

Frederick Co Md

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mildred J. Blight, 6009 HARFORD Rd

ADDRESS

VS 151

69040

108 ✓

1905

5

WASH. STATE ARCHIVES

1905

56



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2072  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Nancy Lee Richards*

2. DATE  
OF  
DEATH

*March 1, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

*Md.*

B. COUNTY

*before admission*

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*Union Memorial Hospital*

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

*Baltimore 11*

D. STREET ADDRESS (If rural, give location)

*3742 Hickory Ave*

c. Length of stay in Baltimore

*5*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*S*

8. DATE OF BIRTH

*Nov 22, 1946*

9. AGE (In years;  
last birthday)

*5*

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*none*

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland*

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Mr. Allen Richards*

14. MOTHER'S MAIDEN NAME

*Virginia Martin*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

*no*

16. SOCIAL  
SECURITY NO.

17. INFORMANT

*Father*

ADDRESS

*same*

18. *757.31*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) *Renal failure & uremia*  
DUE TO

*3 mos.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) *Hypertension*  
DUE TO

*3 years.*

(C) *Congenital anomaly of blood vessel*  
DUE TO

*5 years.*

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from *Feb 24*, 1952, to *March 1*, 1952, that I last saw the  
deceased alive on *March 1*, 1952 and that death occurred at *2:00* pm., from the causes and on the date stated above.

23A. SIGNATURE

*James A. Ford*

23B. ADDRESS

*Union Memorial Hosp.*

23C. DATE SIGNED

*3-1-52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial*

*Mar 4/52*

*Meadowridge*

*Wash. Blvd.*

*Md*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 3 - 1952*

*Huntington Williams*

*Frederick E. Donovan - 3818 Roland*

UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY

11 11



323  
52 2073

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2073

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MINNIE G. HEATHCOTE

2. DATE  
OF  
DEATH

MARCH 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

905 W 34<sup>th</sup> ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

13-06

D. STREET ADDRESS (If rural, give location)

905 W 34<sup>th</sup> ST.

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW.

8. DATE OF BIRTH

OCT 2, 1881

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN W. KRAFT.

14. MOTHER'S MAIDEN NAME

ANNIE E. DAVIS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. AMOS WELK- 905 W 34<sup>th</sup> ST.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) *Chronic Renal disease*  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) *Hypertension*  
DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Hypertensive Cerebral*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Dec 1951* to *March 3*, 1952, that I last saw the deceased alive on *March 1*, 1952, and that death occurred at *4:45* p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 3 - 1952

*Huntington Williams, M.D. & E. Donovan* 3818 Roland Ave.

VS 150

7208A

131a

MEDICAL CERTIFICATION



BOOK  
CONQUEST  
AFRICA

326  
52 2074

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2074  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ernest M. Paddock</i>			2. DATE OF DEATH <i>Mar 1 - 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4004 Belvidere Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md 5-18</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>4004 Belvidere Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 27 - 1877</i>	9. AGE (in years last birthday) <i>74</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Construction Foreman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Balto City</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. FATHER'S NAME <i>Isaac H. Paddock</i>		
14. MOTHER'S MAIDEN NAME <i>Annie M. Chipman</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		
16. SOCIAL SECURITY NO. <i>done</i>			17. INFORMANT ADDRESS <i>Mrs. Lucie Paddock 4004 Belvidere Ave</i>		

18. <i>334X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Apoplexy</i> DUE TO <i>Arterial &amp; generalized arteriosclerosis</i>	CAUSE OF DEATH (A) <i>Apoplexy</i> (B) <i>Arterial &amp; generalized arteriosclerosis</i> (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 15</i> , 19 <i>52</i> to <i>Mar 1</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Jan 15</i> , 19 <i>52</i> , and that death occurred at <i>3:05</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>McBumetree</i>		23B. ADDRESS <i>3033 Woodlawn</i>		23C. DATE SIGNED <i>3/3/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Mar 4 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>NE 2224</i>	

1 5 2 0 5 0 2 0 7 2  
3 2 3 2 3 0 7 2

83a

1918

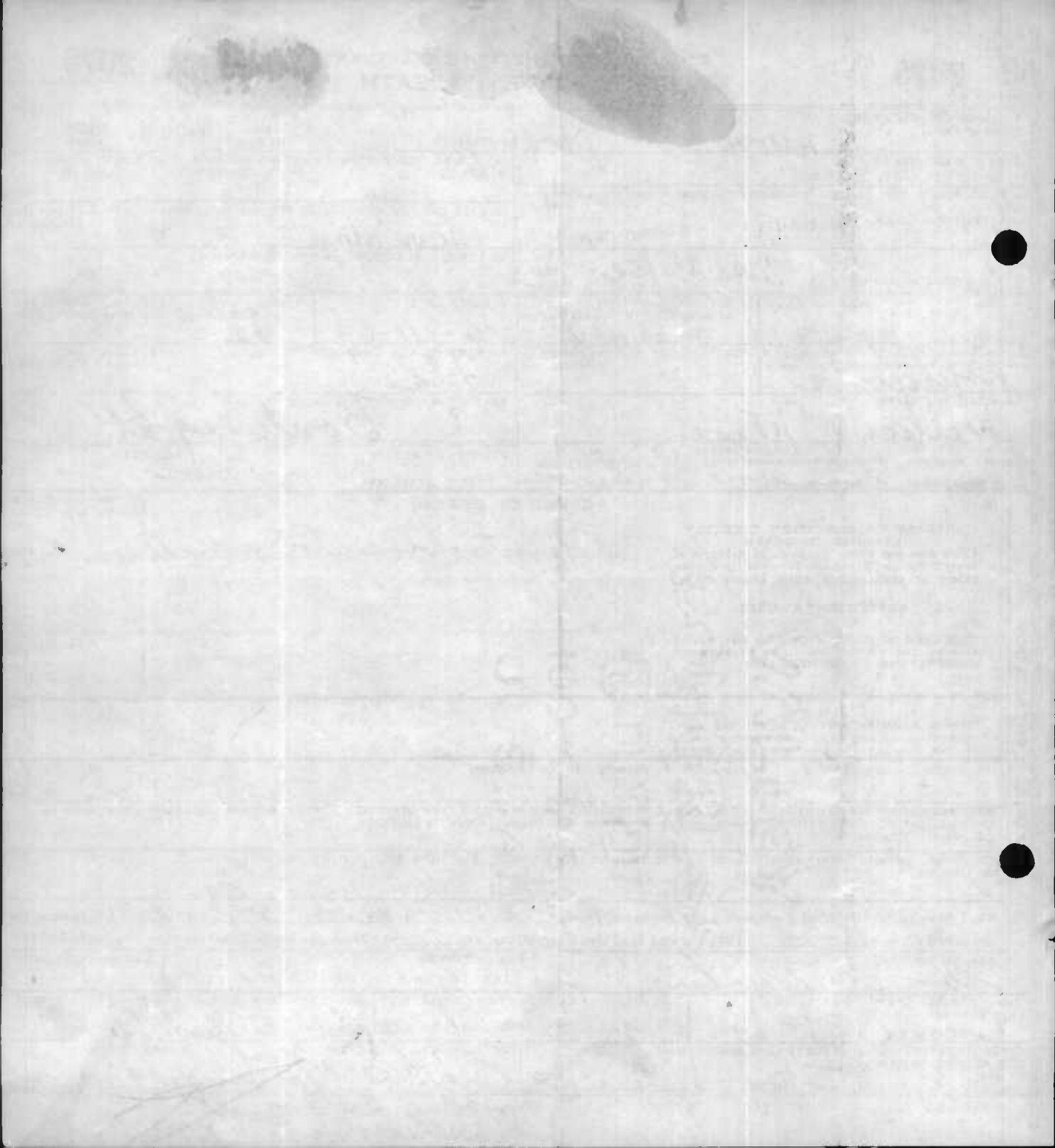
THE UNITED STATES OF AMERICA

1918

OFFICE OF THE SECRETARY OF WAR







**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2076

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Wm. Walenty Palasik</i>			2. DATE OF DEATH <i>Feb. 29-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1600 Portugal St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto City 3-01</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1600 Portugal St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>about 80</i>	If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Coal yard</i>	11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Anthony Palasik</i>			14. MOTHER'S MAIDEN NAME <i>Jadwiga</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Sola Palasik 1600 Portugal St.</i>		

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH <i>4 days -</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Arterio-Sclerotic Hypertension</i> DUE TO _____	
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Feb 25*, 1952, to *Feb 29*, 1952, that I last saw the deceased alive on *Feb 29*, 1952, and that death occurred at *8 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph Sandler</i>	23B. ADDRESS <i>2348 Eastern Ave</i>	23C. DATE SIGNED <i>3/3/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 4, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>
24D. LOCATION (City, town, or county) (State) <i>Balto. Co. Md.</i>		25. FUNERAL DIRECTOR <i>Wm. S. Fialkowski</i>
26. ADDRESS <i>2007 Eastern Ave</i>		

DATE RECEIVED BY LOCAL REGISTRAR  
**MAR 3 - 1952**

REGISTRAR'S SIGNATURE  
*Huntington Williams*

*83a Ave*

MEDICAL CERTIFICATION

Correct use of this form is important. If any errors are made, the cause of death may be incorrectly stated.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2077**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Ewa Aleksalza*

2. DATE  
OF  
DEATH

*March 2-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Balto. City*

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

*1611 Cherry St.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Balto. City*

D. STREET ADDRESS (If rural, give location)

*1611 Cherry St*

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

*Female*

*White*

*Widowed*

*68*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

*Housewife*

*Poland*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

*Joseph Zalewski*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Helen Aleksalza 1611 Cherry St*

18. *443 X I*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute Cardiac dilatation*

*2 days*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) *Chronic Myocarditis*

*7 yrs.*

DUE TO

(C) *Arteriosclerosis Hypertension*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from *June*, 19*40*, to *March 2*, 19*52* that I last saw the deceased alive on *March 1*, 19*52*, and that death occurred at *9 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*John V. Szelewicki*

*1802 Eastern Ave*

*3-3-52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial*

*Mar. 6-1952*

*Holy Rosary*

*Balto. Co.*

*Md.*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 3-1952*

*H. J. Williams, M.D.*

*Wm. S. Fidkowski 2007 Eastern*

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

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255  
52 2078

WASMINSKI  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2078

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Alice Wasminski</i>		2. DATE OF DEATH <i>March 1, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-03</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1314 N. Kenwood Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7-29-14</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>John Misiuk</i>		14. MOTHER'S MAIDEN NAME <i>Helen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>121X1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia.</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <i>Bilateral Ureteral Obstruction</i> DUE TO <i>Carcinoma Perix</i> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-30</i> , 1952 to <i>3-1</i> , 1952, that I last saw the deceased alive on <i>3-1</i> , 1952, and that death occurred at <i>7:25 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Albert S. Brown</i>		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>1 Mar 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 5, 52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Trinity</i>	24D. LOCATION (City, town, or county) (State) <i>Elkridge Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3 1952</i>		REGISTRAR'S SIGNATURE <i>Wm. S. Fialkowski</i>		25. FUNERAL DIRECTOR ADDRESS <i>2007 Eastern Ave</i>	

375

RECEIVED OF THE  
TREASURY OF THE UNITED STATES

Wm. W. W. W.

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BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			ROBERT EPPS			3/1/58		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
			A. STATE MD. B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION 625 N. CAREY ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.					
c. Length of stay in Baltimore 40YRS.			D. STREET ADDRESS (If rural, give location) 625 N. CAREY ST.					
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 6/8/1888		9. AGE (In years last birthday) 63		10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY STEEL MILL			11. BIRTHPLACE (State or foreign country) N OTTAWAY COUNTY, VA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JAMES EPPS			14. MOTHER'S MAIDEN NAME FRANCES MORGAN					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES			16. SOCIAL SECURITY NO. 216-09-5650			17. INFORMANT ADDRESS LILLIE M. EPPS-625 N. CAREY ST		
W.W.#1								

18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) CHRONIC NEPHRITIS		DUE TO		6 mos.	
(B) MYOCARDITIS		DUE TO		4 mos.	
(C)					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Arterio Sclerosis	
--	--	-------------------	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-14, 1954, to 3-1, 1954, that I last saw the deceased alive on 2-29, 1954, and that death occurred at 11:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John J. Campen		23B. ADDRESS 639 N. Carey St		23C. DATE SIGNED 3-3-54	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/5/54		24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT'L. CEM.	
				24D. LOCATION (City, town, or county) (State) BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 3 - 1954		REGISTRAR'S SIGNATURE Wilmington, Md.		25. FUNERAL DIRECTOR CHA2-067 COOPER-512 CARROLLTON AV.	
VS 150		9703A		Chao & Cooper 131a	

1775 33

1775 33

*[Handwritten signature]*

WALLEY  
CONGRESS  
BORD



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2080

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) Dorothy Cobb (Murray)

2. DATE OF DEATH 2/27.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission)  
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 4-02

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

304 MYRTLE AVE

D. STREET ADDRESS (If rural, give location)  
304 MYRTLE AVE

C. Length of stay in Baltimore 17 yrs

Yrs.  
Mos.  
Days

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
SINGLE

8. DATE OF BIRTH 6/2/1934

9. AGE (In years last birthday) 17  
If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
SEAMSTRESS

10B. KIND OF BUSINESS OR INDUSTRY  
DRESSMAKER

11. BIRTHPLACE (State or foreign country)  
BALTIMORE

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME  
ALFRED MURRAY

14. MOTHER'S MAIDEN NAME  
ELMIRA COBB

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
NO NO

16. SOCIAL SECURITY NO.

17. INFORMANT  
ELMIRA COBB MURRAY (M)

ADDRESS  
304 MYRTLE AV.

18. DORX

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)  
DUE TO

Pneumony Tuberculosis?

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
DUE TO

(B)  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1951, to Feb. 27, 1952, that I last saw the deceased alive on Feb. 22, 1952, and that death occurred at 8 P.M., from the causes and on the date stated above.

23A. SIGNATURE  
J. H. Johnson M. D.

23B. ADDRESS  
403 Medart Bg 2-2852

23C. DATE SIGNED 2-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

24B. DATE 3/3/1952

24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L PK.

24D. LOCATION (City, town, or county) (State)  
BALTO. COUNTY? MD.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CHARLES G. COOPER-512 CARROLLTON



0018

8

10/11/18

WILLEY

IN CHARGE

DO NOT

160

52 2081

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2081

1. NAME OF DECEASED (Type or Print) FLORENCE COOPER			2. DATE OF DEATH 2/28/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 501 N. CALHOUN ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 19-01		
c. Length of stay in Baltimore 30YRS.			D. STREET ADDRESS (If rural, give location) 501 N. CALHOUN ST.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 12/10/1901	9. AGE (In years last birthday) 50	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			11. BIRTHPLACE (State or foreign country) CHASE, MD.		
10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOSEPH COOPER			14. MOTHER'S MAIDEN NAME KATIE BROWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS WM. COOPER(S) 501 N. CALHOUN ST.		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Cerebral Hemorrhage		1 day	
(B) DUE TO		Hypertension		1 year	
(C) DUE TO					
19. ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/20/1957, to Feb 28, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 1 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Douglas Shepherd M.D.		23B. ADDRESS 604 Fulton Ave		23C. DATE SIGNED 3/3/52	
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/4/52		24C. NAME OF CEMETERY OR CREMATORY WESTERN STAR CEM.	
24D. LOCATION (City, town, or county) BALTO. COUNTY, MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 3 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR ADDRESS CHAS. Q. COOPER - 512 CARROLLT		24H. VS 150		7208A	

83a

• **1997** – The first year of the new millennium.

500  
52 2082BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2082

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Arthur Shaney</u>			2. DATE OF DEATH <u>Feb. 29, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>7 S. Robinson St.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 South Robinson Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>7 S. Robinson Street</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 12, 1931</u>	9. AGE (In years last birthday) <u>70 years</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired?? City of Baltimore</u>			11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>John H. Shaney</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Frey</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. -----		
17. INFORMANT <u>Mrs. Delia Shaney</u>			ADDRESS <u>7 S. Robinson St</u>		

18. <u>42221</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Chronic Myocardial</u> DUE TO (B) <u>insufficiency over a period</u> DUE TO <u>of several years.</u> (C)	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>June, 1949</u> to <u>Feb. 29, 1952</u> , that I last saw the deceased alive on <u>Feb. 29, 1952</u> and that death occurred at <u>10:00</u> m., from the causes and on the date stated above.		
23A. SIGNATURE <u>Gene C. Beetham</u>	23B. ADDRESS <u>3139 E. Baltimore Mt</u>	23C. DATE SIGNED <u>3-3-52</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>March 4, '52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 3 - 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>John A. Moran</u>	ADDRESS <u>3000 E. Baltimore St.</u>

SEP 22

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22 SEP 1914

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25-11-14

26-11-14

27-11-14

28-11-14

29-11-14

30-11-14

165  
52 2083BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2083

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Richard O'Brien

2. DATE  
OF  
DEATH

Mar 1 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

10 - 15

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

211 N. Tyne Ave

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Amer. Lined. System Co.

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John O'Brien

14. MOTHER'S MAIDEN NAME

Mary Hogan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W W1

16. SOCIAL SECURITY NO.

-----

17. INFORMANT

ADDRESS

Helen M. O'Brien 211 N. Tyne Ave

18.

154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

C. V. A. prob'y Thrombosis

2+ days

ANTECEDENT CAUSES

Phlebitis + Gen'd Ca.

2-3 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Ca. Rectum

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov + Dec 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Sigmoid &amp; Rectum

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 29, 1952, to Mar 1, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank P. Kavic, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

3/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Mar. 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

St. Louis Missouri

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St

MAR 3 - 1952

VS 150

45073

Hodewis

46D

100

100

100

100



520  
52 2084BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2084

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MILDRED B. LONG

2. DATE  
OF  
DEATH

2/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Murray Hosp.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waitress.

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant.

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

219-14-1091

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits) write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

428 N. Gay St.

8. DATE OF BIRTH

Aug. 13, 1902

9. AGE (in years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

Betty L. Neighoff 3423 Pleasant Place

1B.

023 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)Coronary Occlusion  
Lytic Aortitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 1952, to 2/29, 1952, that I last saw the deceased alive on 2/24, 1952, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. Shorofsky M.D.

M. D.

23B. ADDRESS

601 N. Monroe St

23C. DATE SIGNED

3/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/4/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion

24D. LOCATION (City, town, or county)

Freeland, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 3 1952

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Chmura 3615-11 Chestnut Ave.

601 N. Monroe St.

1883

1883

236

2 2085

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2085

X Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louis L. Waxten

2. DATE  
OF  
DEATH

MAR 2 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION THE JOHNS HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

Annapolis

D. STREET ADDRESS (If rural, give location)

6704 6304 Beach Ave. 5310

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
W.

8. DATE OF BIRTH

3-1-71

9. AGE (In years  
last birthday)

81

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Otis J. Waxten

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 451X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Rupture of Thoracic Aorta / aortic aneurysm  
into pleural cavity death

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO Atherosclerosis many years

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Thrombophlebitis 3 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-29-1952 to 3-2-1952 that I last saw the  
deceased alive on 3-2-1952 and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Ross M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/2/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Burial 3/5/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 3 - 1952

Huntington Williams, M.D. 5305 Hayford

25. FUNERAL DIRECTOR

ADDRESS

STATE OF OHIO  
DEPARTMENT OF HEALTH

Report of the State Health Officer  
for the year ending December 31, 1911

By the State Health Officer

Wm. H. H. H. H.

Printed by the State Printer

356

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2086

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Robert E. Whittemore</i>			2. DATE OF DEATH <i>3/1/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Mary</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE <i>md</i> B. COUNTY <i>11-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mary Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Balto</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>700 St Paul St</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept 16, 1911</i>	9. AGE (In years last birthday) <i>40</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bar tender, orderly</i>			11. BIRTHPLACE (State or foreign country) <i>Balto. md</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>John Whittemore</i>			14. MOTHER'S MAIDEN NAME <i>Mannie Cadogan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT <i>patient</i> ADDRESS		

18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Pulmonary atelectasis</i> DUE TO (B) <i>Portal cirrhosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>4 hours</i> <i>20 years</i>
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II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>3/1/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12/23/51</i> , 19 <i>51</i> , to <i>3/1/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3/1/52</i> , 19 <i>52</i> , and that death occurred at <i>8:45</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Raskin M.D.</i>		23B. ADDRESS <i>Mary</i>		23C. DATE SIGNED <i>3/1/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/4/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>2200 E 5305 Harford</i>	ADDRESS <i>7506M 124B</i>

MAR 3 - 1952

VS 150

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

105

106



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2087**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George William Bayley</i>		2. DATE OF DEATH <i>Mar. 1-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>9-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>608 Cator Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>608 Cator Avenue</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 25-1887</i>
9. AGE (In years last birthday) <i>64</i>	10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>city employee</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Charles Bayley</i>		14. MOTHER'S MAIDEN NAME <i>Fannie New</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs Elizabeth Bayley - Cator</i>		ADDRESS <i>608</i>	

<p>18. <i>161X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center"><b>CAUSE OF DEATH</b></p> <p>(A) <i>Metastatic carcinoma of liver</i> DUE TO</p> <p>(B) <i>Carcinoma of larynx</i> DUE TO</p> <p>(C) <i>Coronary occlusion</i> DUE TO</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><i>3 mos.</i></p> <p><i>2 yr. 9 mos.</i></p> <p><i>5/1/49</i></p>
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19A. DATE OF OPERATION <i>Sept. 1950</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 1, 1949* to *Mar. 1, 1952*, that I last saw the deceased alive on *Feb. 27, 1952* and that death occurred at *60* m., from the causes and on the date stated above.

23A. SIGNATURE <i>G. M. Bacon</i>	23B. ADDRESS <i>2810 Taylor Ave.</i>	23C. DATE SIGNED <i>4/3/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-4-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>J. Luck</i>	ADDRESS <i>5305 Harford</i>
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Dr. A. M. Bacon  
2810 Taylor Ave.

645  
52 2088

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered 58-2088

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM Michael KIRLIN

2. DATE  
OF  
DEATH

March 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2915 Christopher Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 2-1889

9. AGE (In years  
last birthday)

62

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Self-Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wilmington, Del.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael Kirlin

14. MOTHER'S MAIDEN NAME

Mary Canning

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS 2915  
Mrs Peggy Callan-Christopher

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED  
March 3, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/5/52

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 5 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. J. Luck

ADDRESS

5305 Harford Rd

1942

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1942

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*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52 2089**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARY WAYMAN</b>		2. DATE OF DEATH <b>March 3, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore General</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>69yrs</b>		D. STREET ADDRESS (If rural, give location) <b>1004 S. Eutaw Place</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH
			9. AGE (in years last birthday) <b>69</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Balto</b>
13. FATHER'S NAME <b>Isaac H. Connor</b>		14. MOTHER'S MAIDEN NAME <b>Louisa Holland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Edward WAYMAN</b>

18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bronchopneumonia</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Bronchopneumonia</b> (A) ..... DUE TO (B) ..... DUE TO (C) .....	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *R. F. Fisher* M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **March 3, '52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Feb. 6, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.P.</i>	25. FUNERAL DIRECTOR ADDRESS <b>James A. Hayes 638 N. Gilmore St</b>	

MAR 3 - 1952

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2200  
52 2090

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2090  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William G. Koch</i>			2. DATE OF DEATH <i>2/29/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>MERCY Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore 12-03</i>		
c. Length of stay in Baltimore <i>78</i>			D. STREET ADDRESS (If rural, give location) <i>352 E-25th</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>6/21/73</i>		9. AGE (In years, last birthday) <i>78</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LIFE INS.</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Augusta Koch</i>			14. MOTHER'S MAIDEN NAME <i>LENG ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>HOSP RECORDS</i>		

18. <i>420.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH  (A) <i>ACUTE MYOCARDIAL INFARCTION</i> DUE TO  (B) <i>HYPERTENSIVE CVD</i> DUE TO  (C) _____	INTERVAL BETWEEN ONSET AND DEATH  <i>12 hrs</i>  <i>?</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *2/28*, 19*52* to *2/29*, 19*52* that I last saw the deceased alive on *3/29*, 19*52*, and that death occurred at *3:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>C. D. England</i>	23B. ADDRESS <i>Mercy Hosp</i>	23C. DATE SIGNED <i>3/29/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>
24D. LOCATION (City, town, or county) <i>Baltimore Md</i>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>C. K. Inc-12175T PONT ST</i>	ADDRESS
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MEDICAL CERTIFICATION

Handwritten text, likely a letter or document, written in cursive script. The text is mirrored across the page, suggesting it was written on lined paper and then scanned. The content is mostly illegible due to the quality of the scan and the cursive handwriting.



540  
52 2091BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2091  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BEULAH D. HANLEY

2. DATE  
OF  
DEATH

February 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

117 W. Franklin Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

117 W. Franklin Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 25-1892

9. AGE (in years  
last birthday)

59

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Resting house operator

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Richard Sampson

14. MOTHER'S MAIDEN NAME

Susan Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

James J. Hanley 117 W. Franklin St.

18. 443 X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) hypertensive cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3/1/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/4/52

24C. NAME OF CEMETERY OR CREMATORY

Zion Lutheran

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Williams &amp; Co. 1217 St Paul St. Baltimore

25. FUNERAL DIRECTOR

ADDRESS

VS 151

75288

93D

1991

1991

STATE OF OHIO

James E. ...  
John ...  
...

543  
2092

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2092

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>AGNES REYNOLDS</b>		2. DATE OF DEATH <b>FEB 29 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>OSL-3</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>807</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>THE JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2025 E. HOFFMAN ST.</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>6-26-71</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Employed</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (In years last birthday) <b>80</b>
13. FATHER'S NAME <b>Daniel Reynolds</b>		11. BIRTHPLACE (State or foreign country) <b>Lonaconing Md.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>✓</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Martha Thompson</b>	
17. INFORMANT <b>THE JOHNS HOPKINS HOSPITAL</b>		ADDRESS	

18. <b>493 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pneumococcal pneumonia</b> DUE TO (A) <b>Pneumococcal pneumonia</b> (B) <b>11 days</b> (C) <b>INTERVAL BETWEEN ONSET AND DEATH</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>2-20-1952</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-20-1952** to **2-29-1952** that I last saw the deceased alive on **2-29-1952** and that death occurred at **10<sup>10</sup> p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>William Collins Harvey</b>	23B. ADDRESS <b>THE JOHNS HOPKINS HOSPITAL</b>	23C. DATE SIGNED <b>2-29-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>3/4/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lonaconing</b>	24D. LOCATION (City, town, or county) (State) <b>Md.</b>
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DATE RECEIVED BY <b>MAR 3-1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. Gok Inc.</b>	ADDRESS <b>1217 St. Paul st.</b>
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656  
52 2093  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2093

1. NAME OF DECEASED (Type or Print) <i>Milton E. Mariner</i>		2. DATE OF DEATH <i>3/2/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>27-48</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland Gen. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>872 Benning Lane Rd #12</i>		Yrs. Mos. Days	
5. SEX <i>M.</i>		6. COLOR OR RACE <i>wh.</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>5 sp.</i>		8. DATE OF BIRTH <i>July 1 1906</i>	
9. AGE (In years last birthday) <i>45</i>		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur + Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Hardware</i>	
11. BIRTHPLACE (State or foreign country) <i>MD.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Jennings Mariner</i>		14. MOTHER'S MAIDEN NAME <i>Essie Lambertson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>218-03-4291</i>	
17. INFORMANT <i>Mrs. Essie J. Mariner</i>		ADDRESS <i>872 Benning Lane Rd</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>16 rx</i>		CAUSE OF DEATH (A) <i>Carcinoma of lung</i> DUE TO <i>with metastases to liver</i> (B) _____ DUE TO _____ (C) _____	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs +</i>	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/28</i> , 19 <i>52</i> , to <i>3/2</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3/2</i> , 19 <i>52</i> , and that death occurred at <i>9:03 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>E. C. Bryant</i>		23B. ADDRESS <i>MD. Gen. Hosp.</i>	
23C. DATE SIGNED <i>3/2/52</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24B. DATE <i>3/4/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Methodist</i>	
24D. LOCATION (City, town, or county) (State) <i>Deer Creek City Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M. W. Cooke, Inc.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3 - 1952</i>		ADDRESS <i>1217 St. Paul St.</i>	

8005

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5000

THE

BOND

CONTRACT

AWARD

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2094**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**FRANK KALOC**

2. DATE OF DEATH  
**March 1, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **717 N. Streeper St.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**717 N. Streeper St.**

c. Length of stay in Baltimore

**61 years**

Yrs.  
Mos.  
Days

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**widowed**

8. DATE OF BIRTH

**May 26, 1866**

9. AGE (In years last birthday)

**85**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**retired farmer**

10B. KIND OF BUSINESS OR INDUSTRY

**own farm**

11. BIRTHPLACE (State or foreign country)

**Czechoslovakia**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**unknown**

14. MOTHER'S MAIDEN NAME

**unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

**no**

17. INFORMANT

ADDRESS

**Jos. Schlosser, son-in-law -- above**

18. **420.11**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Coronary Thrombosis**

**3/1/52**

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

**Ch Myocarditis**

**1/1/50**

DOE TO

(C)

**Hypertensive Cardiovascular disease**

**1/1945**

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 1, 1950**, to **March 1, 1952**, that I last saw the deceased alive on **March 1, 1952**, and that death occurred at **10:30 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**William J. Boardman M. D.**

**801 S. Kenwood Ave**

**3/3/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**removal**

24B. DATE

**Mar. 4, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Seddon Cemetery**

24D. LOCATION (City, town, or county) (State)

**Alabama**

DATE RECEIVED BY LOCAL REGISTRAR  
**MAR 3 - 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Schimunek Funeral Home, Inc.**

ADDRESS

**2601-3-5 E. Madison St.**

MEDICAL CERTIFICATION





152  
52 2095

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2095

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH H. SPENCE, Jr.

2. DATE  
OF  
DEATH

March 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 617 N. Highland Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
Baltimore 26-44

D. STREET ADDRESS (If rural, give location)  
617 N. Highland Ave.

c. Length of stay in Baltimore

life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

April 4, 1897

9. AGE (In years last birthday)

54

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Electrician

10B. KIND OF BUSINESS OR INDUSTRY  
Coppers Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Joseph H. Spence, Sr.

14. MOTHER'S MAIDEN NAME

Mary E. Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Theresa E. Spence, wife, above

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Lungs

2 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma of

DUE TO

left lung

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cornary Heart Disease

19A. DATE OF OPERATION  
May 5, 1951

19B. MAJOR FINDINGS OF OPERATION

Ch. Cholecystitis & Cholelithiasis

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, 19, to Mar 2, 1952 that I last saw the deceased alive on 3/1, 1952, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

North Ave. & Rose St. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR  
MAR 3-1952

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.  
2601 3-5 E. Madison St.

ADDRESS

MEDICAL CERTIFICATION

3003

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STATE OF TEXAS

COUNTY OF DALLAS

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52 2096

CRAIB  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2096  
Registered No.

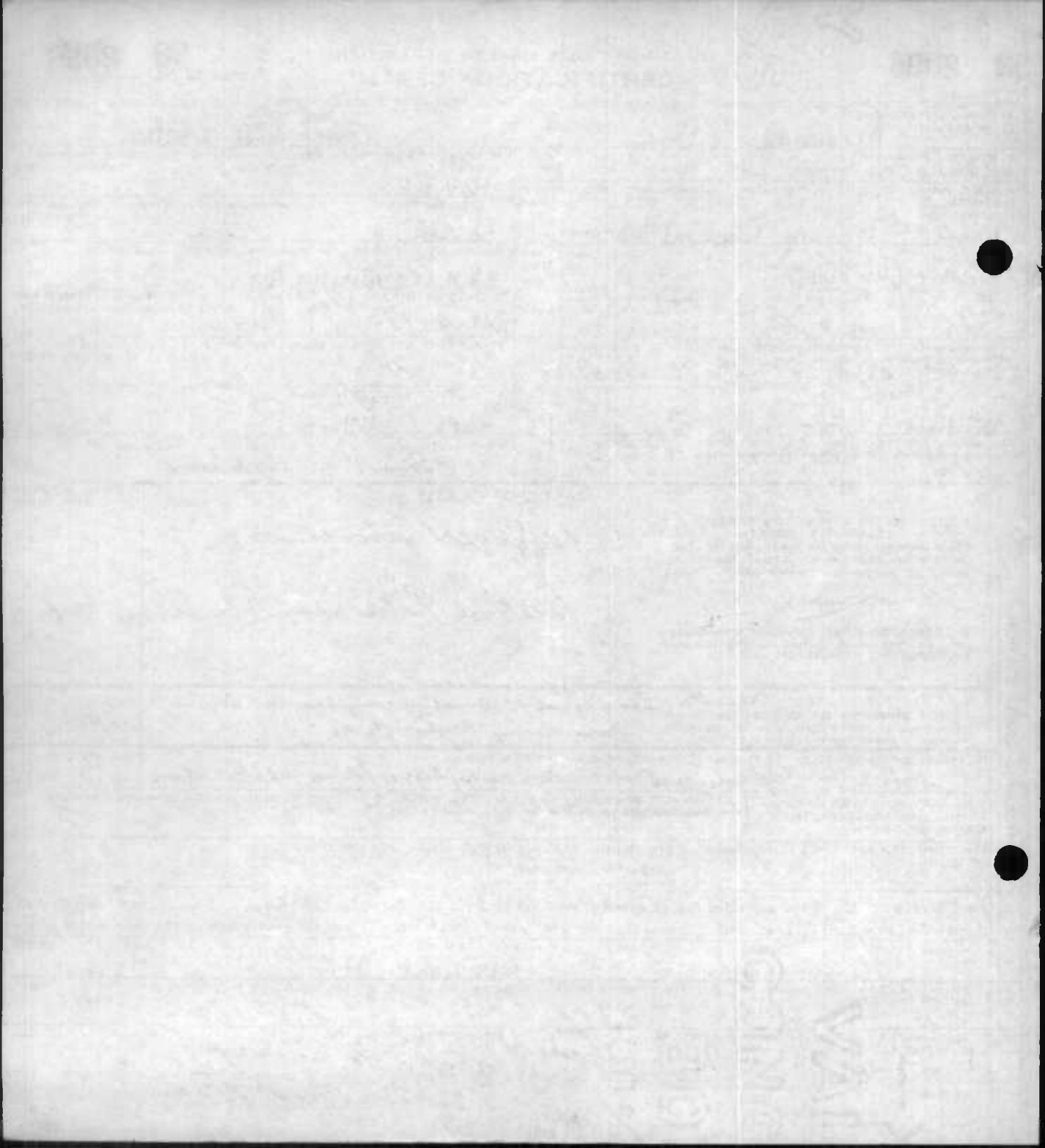
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Alexander Craig</b>		2. DATE OF DEATH <b>3/2/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>4201 Pennington Ave.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12.11.1908</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CANE OP.</b>		9. AGE (In years last birthday) <b>43</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>BETH. STEEL CO</b>		11. BIRTHPLACE (State or foreign country) <b>N. J.</b>	
13. FATHER'S NAME <b>William Craig</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		14. MOTHER'S M.A.DEN NAME <b>Jane Miller</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Family - Same</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) <b>Laryngeal Tuberculosis</b>	CAUSE OF DEATH (A) <b>Laryngeal Tuberculosis</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Bilateral Pulmonary Tuberculosis</b>	(B) <b>Bilateral Pulmonary Tuberculosis</b> DUE TO	<b>2 yrs</b>
II <b>Acute Laryngeal obstruction complicated by Pulmonary hemorrhage</b>		<b>10 hrs</b>

19A. DATE OF OPERATION <b>3/2/52</b>		19B. MAJOR FINDINGS OF OPERATION <b>laryngeal obstruction due to phos., edema and ulceration</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3/1/52</b> , 19__, to <b>3/2/52</b> , 19__, that I last saw the deceased alive on <b>3/2/52</b> , 19__, and that death occurred at <b>5:45 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>W. W. Conway</b>		23B. ADDRESS M. D. <b>1213 Light St.</b>		23C. DATE SIGNED <b>3/4/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B.</b>	24B. DATE <b>3.6.52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>26th Cross.</b>	24D. LOCATION (City, town, or county) (State) <b>Ba 110</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>J. S. L. L. L.</b>		ADDRESS <b>513 30 130 E. FORT AVE.</b>	

MEDICAL CERTIFICATION



1460  
52 2097BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2097

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Robert Moller (MOLER)</b>			2. DATE OF DEATH <b>3/1/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>South Balt. Gen Hosp</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) <b>Baltimore</b>		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>30 E. Heath St.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>5/2/1889</b>	9. AGE (In years last birthday) <b>62</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>B &amp; O R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
13. FATHER'S NAME <b>Robert W.</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Family - Same</b>			ADDRESS		

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Cardiovascular</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Disease</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <b>Arteriosclerotic Cardiovascular</b> <b>Disease</b>	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <b>Autopsy, Inspection or Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <b>William H. Smith</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>
23C. DATE SIGNED <b>3-2-52</b>		

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>3/5/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Meadowridge</b>	24D. LOCATION (City, town, or county) (State) <b>Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3-1952</b>		25. FUNERAL DIRECTOR <b>James E. McCully - 130 E. Fort Ave.</b>	
REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		ADDRESS	

1000

1000





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2098**

**430**  
**52 2098**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>William A. Ewald</b>			2. DATE OF DEATH <b>2/29/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1710 Normal Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1710 Normal Ave.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>2/4/95</b>		9. AGE (In years last birthday) <b>57</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>B.&amp;O R.R.</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>August Ewald</b>			14. MOTHER'S MAIDEN NAME <b>Marie Orth</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(If yes, give war or dates of service)</b>		16. SOCIAL SECURITY NO. <b>705-09-8079</b>	17. INFORMANT ADDRESS <b>Helen E. Ewald 1710 Normal Ave.</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>		CAUSE OF DEATH <b>Coronary Thrombosis</b>	INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(A)	
DUE TO		(B)	
DUE TO		(C)	
<p align="center"><b>II</b></p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **2-29**, 19**52**, that I last saw the deceased alive on **2-29**, 19**52**, and that death occurred at **10<sup>00</sup> A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>A. H. Ewald Jr.</b>		23B. ADDRESS <b>36 York Ct.</b>		23C. DATE SIGNED <b>3-1-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3/4/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	
				24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>1639 Broadway.</b>	
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MEDICAL CERTIFICATION



525  
52 2099  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2099  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>FREDERICK LANGKAM</b>			2. DATE OF DEATH <b>March 1, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital of Md. Baltimore 16, Maryland</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore md.</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1419 Dundell Ave</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-17-69</b>	9. AGE (In years last birthday) <b>82</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <b>Savem Oper</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (State or foreign country) <b>Balt - Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>John Langham</b>			14. MOTHER'S MAIDEN NAME <b>Sophia</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Fred W. Langham Jr - 10 S. Highland</b>		

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Pulmonary Edema</b> (A) _____ <b>Anteriosclerotic Cardiovascular Disease.</b> (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **March 1, 1952**, to **March 1, 1952** that I last saw the deceased alive on **March 1, 1952**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Jos C. Macapangan</b>	23B. ADDRESS <b>Lutheran Hosp. of Md.</b>	23C. DATE SIGNED <b>Mar. 1, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3-5-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>	24D. LOCATION (City, town, or county) (State) <b>Balto - Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Chas. L. Wolf</b>	ADDRESS <b>403 S. Wolf St</b>

1000 50

1000

FRANKLIN D. ROOSEVELT

CHAS. F. ROOSEVELT

1000 50

U. S. A.

500 Hospital Disposal  
52-2100  
52-03977

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2100

BIRTH NO. 52-03977

1. NAME OF DECEASED (Type or Print) <b>Baby Boy RYAN</b>		2. DATE OF DEATH <b>FEB 23, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>HLH - PM</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 16-02</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>923 N. STRICKER ST.</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>2-22-52</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>1</b> If Under 1 Year Months: Days: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <b>Edna</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	

18. <b>776 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Prematurity</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>Life</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>2-22-1952</b> to <b>2-22-1952</b> that I last saw the deceased alive on <b>2-22-1952</b> and that death occurred at <b>8:30 P.M.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>David L. Spaulding</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>2-24-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>Hope Cemetery</b>	24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 3 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>2020</b>	ADDRESS
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1018

STATE OF OHIO  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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453  
52 2101BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2101

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Cooper Clemmitt</i>			2. DATE OF DEATH <i>Mar 1 - 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3625 Springdale Ave.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>MD</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-38</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3625 Springdale Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Apr 26 - 1868</i>	9. AGE (In years last birthday) <i>91</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Dorchester Co Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			13. FATHER'S NAME <i>Wm Oley Cooper</i>		
14. MOTHER'S MAIDEN NAME <i>Margaret Lee</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		
16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT ADDRESS <i>Mrs Burnett St Rivers 3625 Springdale Ave</i>		

18. <i>4500 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Acute Heart Failure</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) ...	INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i> <i>20 yrs</i>
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *February 1952*, to *MARCH 1*, 1952, that I last saw the deceased alive on *MARCH 1*, 1952 and that death occurred at *4:00 P.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Carthage &amp; Dones</i>	23B. ADDRESS <i>800 W. 33rd St</i>	23C. DATE SIGNED <i>7.3 - 53</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>Mar 4 - 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. E. Williams</i>	ADDRESS <i>2224 N. Charles</i>



1915 92

1915 92

1915 92



610  
52 2102Thorpe  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2102  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Estela E. Thorpe</i>			2. DATE OF DEATH <i>Mar 2 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3328 Robert Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE <i>MD</i> B. COUNTY <i>MD</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-06</i>		
c. Length of stay in Baltimore <i>?</i>			D. STREET ADDRESS (If rural, give location) <i>3328 Robert Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 22, 1878</i>	9. AGE (in years last birthday) <i>73</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>			12. CITIZEN OF WHAT COUNTRY? <i>Virginia</i>		
13. FATHER'S NAME <i>William Allen</i>			14. MOTHER'S MAIDEN NAME <i>Virginia White</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>Mary Adams</i>			ADDRESS <i>3328 Robert Ave</i>		

18. <i>4701</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary Occlusion</i>	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Arteriosclerotic Cardio-Vascular Disease</i>	
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>May 19</i> 19 <i>49</i> to <i>March 2</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Mar 3</i> , 19 <i>52</i> and that death occurred at <i>3:00</i> p. m., from the causes and on the date stated above.		
23A. SIGNATURE <i>William J. Helbeck</i>	23B. ADDRESS <i>3006 Rosand Ave</i>	23C. DATE SIGNED <i>3/3/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-5-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Family Burial Ground</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	24E. FUNERAL DIRECTOR <i>Howard H. Howard</i>	24F. ADDRESS <i>3503 8th Ave</i>

Mr. Holman

5006 Walnut Ave

520  
52 2103BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2103  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Alphonse J. Kunz</u>			2. DATE OF DEATH <u>Feb 29, 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland 1913 Eutaw Place</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> C. CITY OR TOWN <u>22-01</u> (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) <u>309 S. Sharpe St.</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ellinger Nursing Home</u>			5. SEX <u>Male</u>		
c. Length of stay in Baltimore <u>Life</u>			6. COLOR OR RACE <u>White</u>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			8. DATE OF BIRTH <u>May 9, 1883</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			9. AGE (In years last birthday) <u>68</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>			11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Peter Kunz</u>		
14. MOTHER'S MAIDEN NAME <u>Margaret Keilbach</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		
16. SOCIAL SECURITY NO. <u>Unknown</u>			17. INFORMANT <u>Mrs. E. Gottschalk 124 Sherwood</u>		

## CAUSE OF DEATH

18. <u>150X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>carcinoma of esophagus</u> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>Feb 28, 1952</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Feb. 29, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE [Signature] M. O. 2431 Maryland Avenue 23B. ADDRESS 3-3-52 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Mar. 4, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Most Holy Redeemer Cem. Belair Rd. Balto., Md.</u>	24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 4 - 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>David H. Martin</u>	ADDRESS <u>1902 Eutaw Pl.</u>



52 2104

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2104

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Frederick Weber

2. DATE  
OF  
DEATH

March 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2937 Frederick Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE 20-06

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2937 Frederick Ave

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 23, 1898

9. AGE (In years;  
last birthday)

53

H Under 1 Year  
Months; DaysH Under 24 Hours  
Hours; Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Radio Repairman

10B. KIND OF BUSINESS OR  
INDUSTRY

Radio

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Weber

shop

14. MOTHER'S MAIDEN NAME

P. Wehrmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No.

(If yes, give war or dates of service)

None

16. SOCIAL  
SECURITY NO.

212-01-9889

17. INFORMANT

ADDRESS

Sarah B. Weber 2937 Frederick Ave

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

CORONARY OCCLUSION.----- 1 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

no

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

no

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-30, 1950 to March-3, 1952 that I last saw the  
deceased alive on March-3, 1952 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edmund Johnson

23B. ADDRESS

MD. Catonsville Md

23C. DATE SIGNED

3-3-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-6-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Georg L. Schwab 2101 Frederick Ave

MAR 4 - 1952

1009-5

1009-5

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

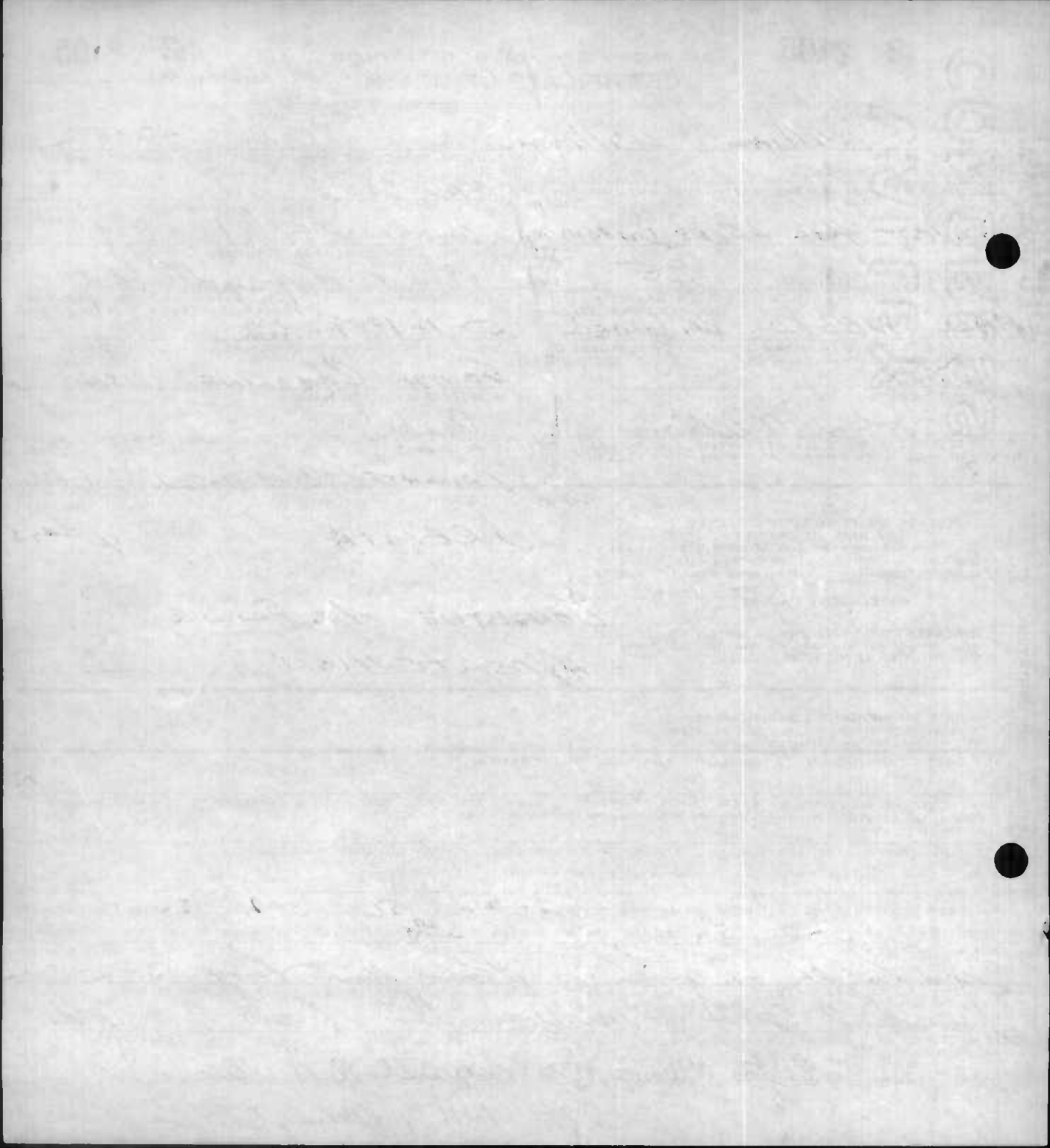
[Faint, mostly illegible text covering the majority of the page, likely a form or report.]



52 2105  
Registered No. \_\_\_\_\_

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
William Williams		3-2-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
APPLICANT ROSA L. FREE DISPENSARY		BALTIMORE 16-04	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
35		1913 W. Lafayette Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
MALE	NEGRO	WIDOWED	5-1-1889
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Chef			62
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
John Williams		SOUTH CAROLINA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
No		USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
		Ann?	
17. INFORMANT		ADDRESS	
DAUGHTER - Ann Lee		1913 W. Lafayette Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
(A) UREMIA		4 days	
DUE TO			
18. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.			
(B) CONGESTIVE H.T. FAILURE			
DUE TO			
(C) HYPERTENSION			
19. DATE OF OPERATION			
19A. DATE OF OPERATION 0			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-26, 1952 to 3-2, 1952, that I last saw the deceased alive on 3-2, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	23C. DATE SIGNED
Joseph A. Reid		1011 W. Arlington Ave	3-2-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3-5-52	Mt. Auburn Cem	Balto. Md
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
MAR 4-1952		Squire W. Sullivan Jr.	
REGISTRAR'S SIGNATURE		ADDRESS	
Huntington Williams, M.D.		7546 M 1011 W. Arlington Ave 93E	



52 2106

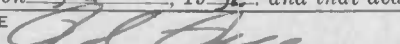
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ND-156145  
BIRTH NO.

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Florence Norris		Mar. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-02	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2248 E. North Ave. (13)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed (Div. 7)	8. DATE OF BIRTH Feb. 16, 1883
9. AGE (In years last birthday) 69		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Attendant		10B. KIND OF BUSINESS OR INDUSTRY Public Bath Houses	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Thomas		14. MOTHER'S MAIDEN NAME Susie Townsend	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		ADDRESS	

<p>18. 491X I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</p> <p>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p>CAUSE OF DEATH</p> <p>Bronchopneumonia,</p> <p>Malnutrition</p> <p><del>Decubitus Ulcers</del></p> <p>(A) .....</p> <p>DUE TO</p> <p>(B) .....</p> <p>DUE TO</p> <p>(C) .....</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>6 Mos.</p> <p>6 Mos.</p>
<p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-30</u> , 19 <u>52</u> , to <u>3-4</u> , 1 <u>952</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>52</u> , and that death occurred at <u>5:15p</u> m., from the causes and on the date stated above.					
23A. SIGNATURE  M. D.		23B. ADDRESS <u>4040 Eastern Avenue</u>		23C. DATE SIGNED <u>3-4-52</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/6/52	Mt. Carmel	Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 4 - 1952	Huntington Williams, Jr.	Wm Cook, Inc.	1217 St. Paul st.

VS 150

731 8F

107

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

See Document File 52-2106

4/24/52 ES

500 52 2107

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2107

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mooney, Margaret

2. DATE  
OF  
DEATH

3/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

5 yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov, 27, 1882

9. AGE (in years  
last birthday)

69

10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Walsh

14. MOTHER'S MAIDEN NAME

Katherine Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gertrude Shaughnessy

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Diabetes mellitus with Acidosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis, generalized

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1952 to 3/3/52, 1952, that I last saw the deceased alive on 3/3, 1952, and that death occurred at 9:45 am from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St.

3/3/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

removal

24B. DATE

3/5/52

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

24D. LOCATION (City, town, or county)

Brooklyn,

New York

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1952

Huntington Williams, M.D. &amp; Son, Inc.

1217 St. Paul Street

VS 150

61





52 2108

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-04318

1. NAME OF DECEASED  
(Type or Print) Baby Girl2. DATE  
OF  
DEATH 3/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

Rountzahn

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-05

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

630 Rapolla St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/23/52

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days: Hours: Min.

10

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James W. Rountzahn

14. MOTHER'S MAIDEN NAME

Joan Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

James W. Rountzahn 630 Rapolla St.

18. 570.5 and 976X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) PARTIAL INTESTINAL  
OBSTRUCTION  
DUE TO  
(B) UNKNOWN  
DUE TO  
(C) UNKNOWNII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURITY

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 2/23/52, 19\_\_, to 3/3/52, 19\_\_, that I last saw the  
deceased alive on 3/3/52, 19\_\_, and that death occurred at \_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

Serenit T. Galovich

M. D.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

3/3/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/4/52

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Towson Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

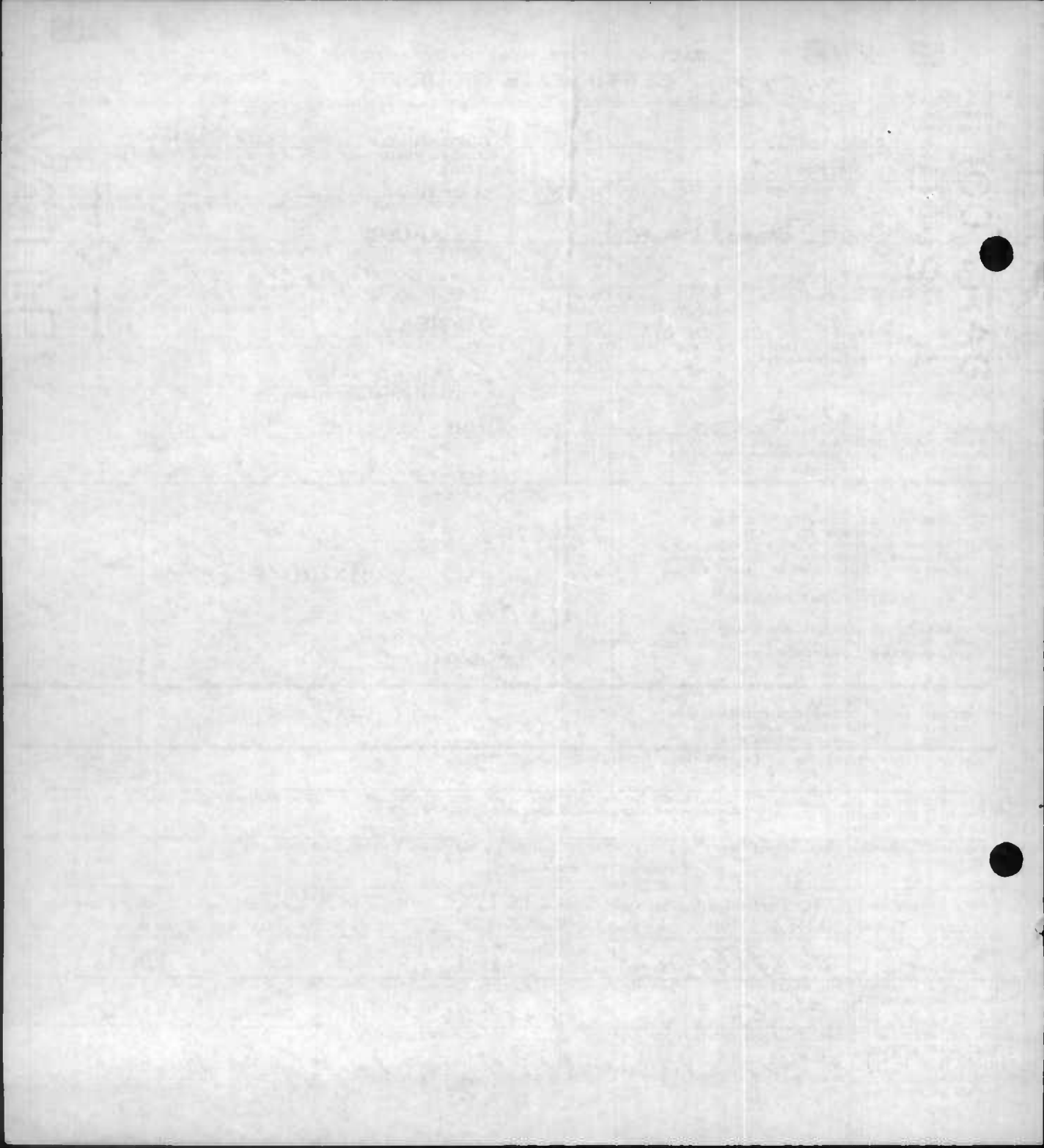
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4000 E. 1217 St. Paul St.





20  
52 2109BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2109  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DORA V. CUBBAGE

2. DATE  
OF  
DEATH

March 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-02

D. STREET ADDRESS (If rural, give location)

1616 Eutaw Place

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Dec. 1910

9. AGE (In years  
last birthday)

41

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Dry Cleaning Work

10B. KIND OF BUSINESS OR  
INDUSTRY

Kraven

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Golt, 1616 Eutaw Place

18. 3771

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute and chronic alcoholism

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
March 3, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
burial

24B. DATE

3/5/52

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1952

Huntingtown, Williams, M.D. 1217 St. Paul Street

VS 151

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1005

1005

52 2110

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2110

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Kahl, Joseph John</u>		2. DATE OF DEATH <u>March 3, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fullerton</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>Joppa Road &amp; Kahl Ave.</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4-1890</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9. AGE (in years last birthday) <u>61</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore County</u>	
13. FATHER'S NAME <u>Henry Kahl</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Mrs. Joe J. Kahl</u>		ADDRESS <u>Kahl Ave Joppa Rd.</u>	
18. <u>592x</u> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia</u>		DUE TO (A) <u>Chronic Glomerulo nephritis.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Chronic Glomerulo nephritis.</u>		DUE TO (B) <u>Chronic Glomerulo nephritis.</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>February 28, 1952</u> , to <u>March 3, 1952</u> , that I last saw the deceased alive on <u>March 3, 1952</u> and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>H. J. J. J.</u>		23B. ADDRESS <u>1100 N. Caroline St.</u>	
23C. DATE SIGNED <u>March 3, 1952</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/7/52</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>St Josephs Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Balto Co. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 4-1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>Lassahn Funeral Home</u>		ADDRESS <u>2401 Balair Rd.</u>	

MEDICAL CERTIFICATION

VS 150

1952, 80, 02100

131B

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5

STATEMENT OF HEALTH EXAMINER  
CERTIFICATE OF DEATH

0113

5

200  
52 2111

52 2111

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Mr Joseph Weiss

2. DATE  
OF  
DEATH

3-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Levindale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE

Md

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 28-41

D. STREET ADDRESS (If rural, give location)

4308 Elderow Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

male

white

married

8. DATE OF BIRTH

46

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 193X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

Glioma

INTERVAL BETWEEN  
ONSET AND DEATHabout  
2 yearsII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 12-7-1951, to 3-3-1952, that I last saw the  
deceased alive on 3-3-1952, and that death occurred at 6:45 p. m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jerome J. Blumberg

Levindale Home

3-3-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

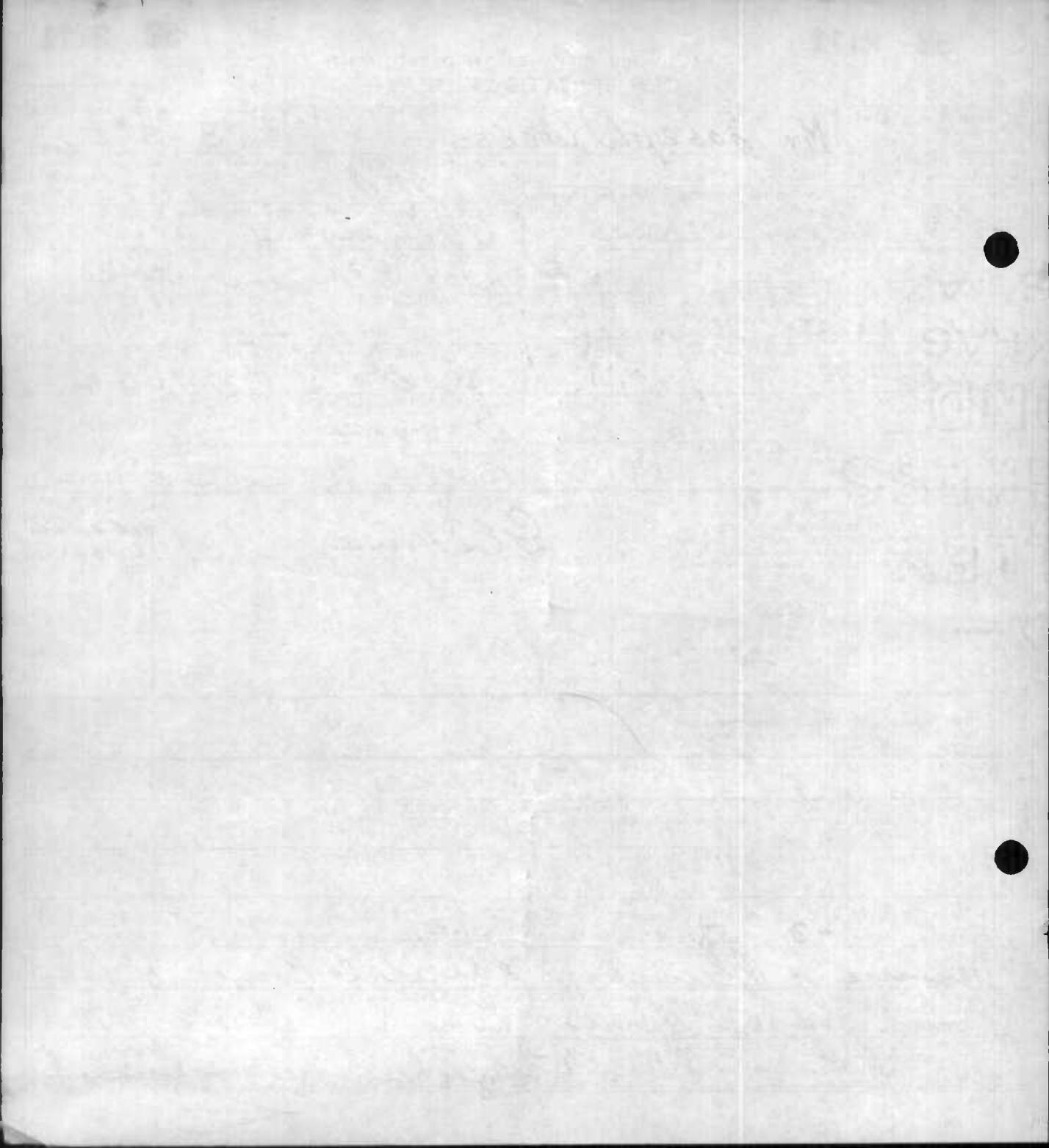
MAR 4 - 1952

Huntington Williams, M. Jack Lewis Inc 2100 Center Pl

VS 150

5906E

54a





52 2112

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2112

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Samuel Cohen

2. DATE  
OF  
DEATH

3/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-17

D. STREET ADDRESS (If rural, give location)

3018 W. GARRISON AVE.

c. Length of stay in Baltimore

40

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

92

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Isaac

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Isaac Cohen - 3002 W. Garrison Ave.

18. 576X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Peritonitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Perforated Cecum

DUE TO

(C) GANGRENOUS ILEUM

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-2-52

19B. MAJOR FINDINGS OF OPERATION

As noted above.

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/2, 1952, to 3/3, 1952, that I last saw the deceased alive on 3/3, 1952, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Leon Danner M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/4/52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1952

Huntington Williams, M.D.

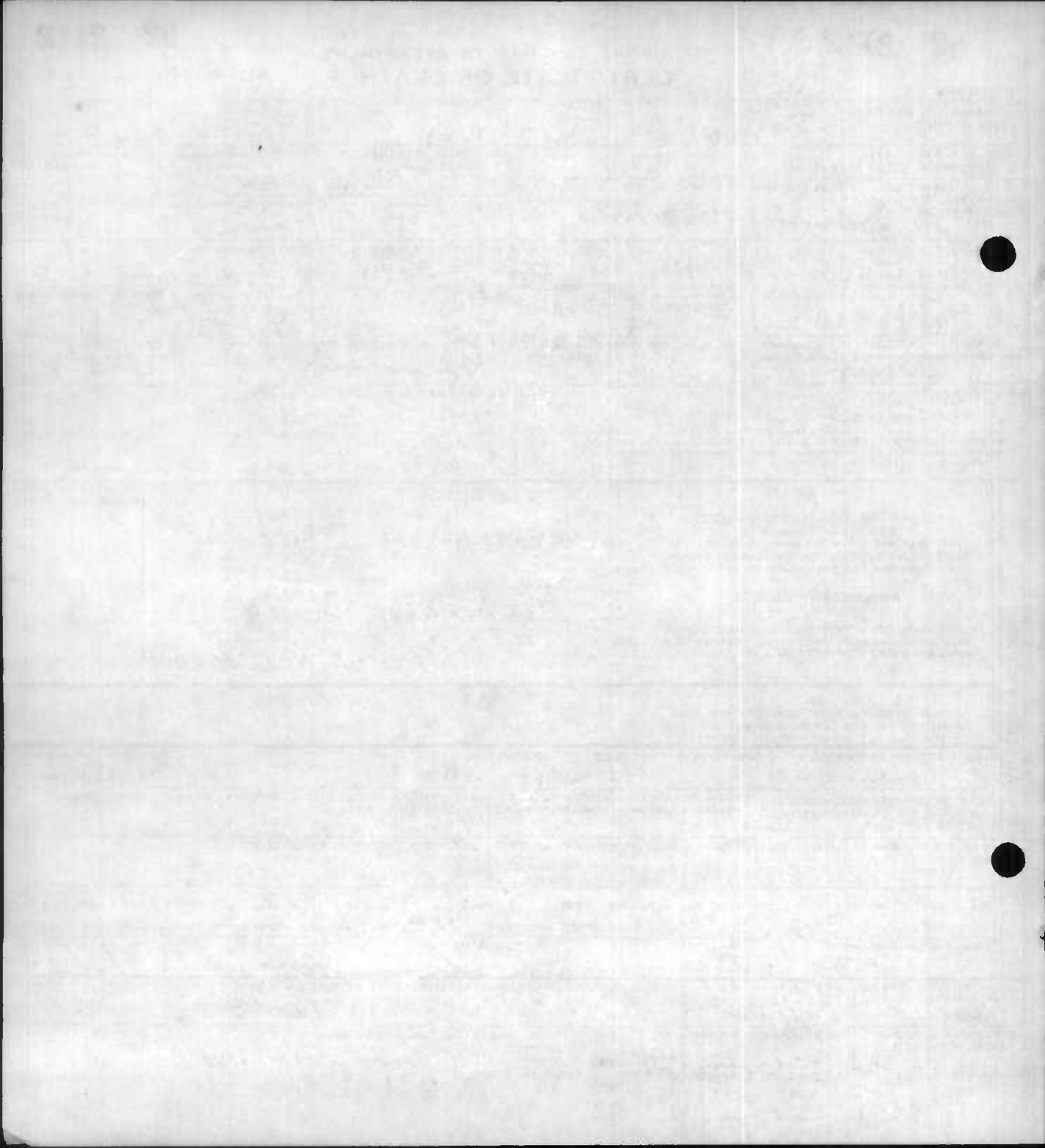
Jack Leurs Inc - 2100 Eutaw Pl.

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

123



530 52 2113

52 2113

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-01049

1. NAME OF DECEASED (Type or Print) <b>Lund, Edward A. Jr.</b>		2. DATE OF DEATH <b>March 2, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Baltimore, Md.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>9-03</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Md.</b>	
c. Length of stay in Baltimore <b>21. PE 7 Wks</b>		d. STREET ADDRESS (If rural, give location) <b>3722 Volanda Rd.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <b>Married</b>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Surgeon</b>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Edward A. Lund, Sr.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		14. MOTHER'S MAIDEN NAME <b>Frances Whittaker</b>	
17. INFORMANT <b>Frances Lund</b>		ADDRESS <b>3722 Volanda Rd.</b>	

18. **490 X I** CAUSE OF DEATH **Pneumonia, B. lateral** INTERVAL BETWEEN ONSET AND DEATH **4 days**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 1, 1952** to **March 2, 1952** that I last saw the deceased alive on **March 2, 1952** and that death occurred at **10:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE **May E. Mott** M. D. **Univ. Hospital** 23b. ADDRESS **March 2, 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 5/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Schwartz's</b>	24d. LOCATION (City, town or county) (State) <b>Baltimore</b>
---	---------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR **MAR 4 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Philip H. Hennigson** ADDRESS **2024 Adams St.**

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF DECEASED

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF DECEASED

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

52 2114

52 2114

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-03875

1. NAME OF DECEASED  
(Type or Print)

Jerry Morgan Six

2. DATE  
OF  
DEATH

Feb. 19 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for the Women of Md

C. Length of stay in Baltimore

9 plus 20 MIN

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

3407 Elgin Av.

5. SEX

MALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb 19 1952

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

9 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hopk for Women of Md - Balto Md

12. CITIZEN OF  
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Alfred Morgan Six

14. MOTHER'S MAIDEN NAME

Pearl Virginia Blevins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Alfred Morgan Six (Father) ADDRESS

3407 Elgin Av.

18. 760.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Meningeal tear

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19 1952 to 2/19 1952, that I last saw the deceased alive on 11:50 P.m., 1952, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

E D Bennett

M. D.

23B. ADDRESS

Hopk for Women of Md

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 25 1952

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 4 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

\_\_\_\_\_



52 2115

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2115

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles

2. DATE  
OF  
DEATH

3-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

15-01

c. Length of stay in Baltimore

40

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

711 Baker St

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6-20-1888

9. AGE (In years,  
last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Butler

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Abraham Levi

14. MOTHER'S MAIDEN NAME

Millie Greene

15. WAS DECEASED EVER IN U. S. ARMED FORCES  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Hosp. Record.

18. 199.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinomatosis & ascites  
DUE TO + cardiac failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-27-52

19B. MAJOR FINDINGS OF OPERATION

Generalized abdominal malignancy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6-1952 to 3-3-1952, that I last saw the  
deceased alive on 3-3-1952, and that death occurred at 4:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

C. D. Thomas, Jr.

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

3-3-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Mar. 6/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Brooks Ruggold

ADDRESS

14637 Carey St

MAR 4 - 1952

VS 150

7208A

55E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





324  
52 2116BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

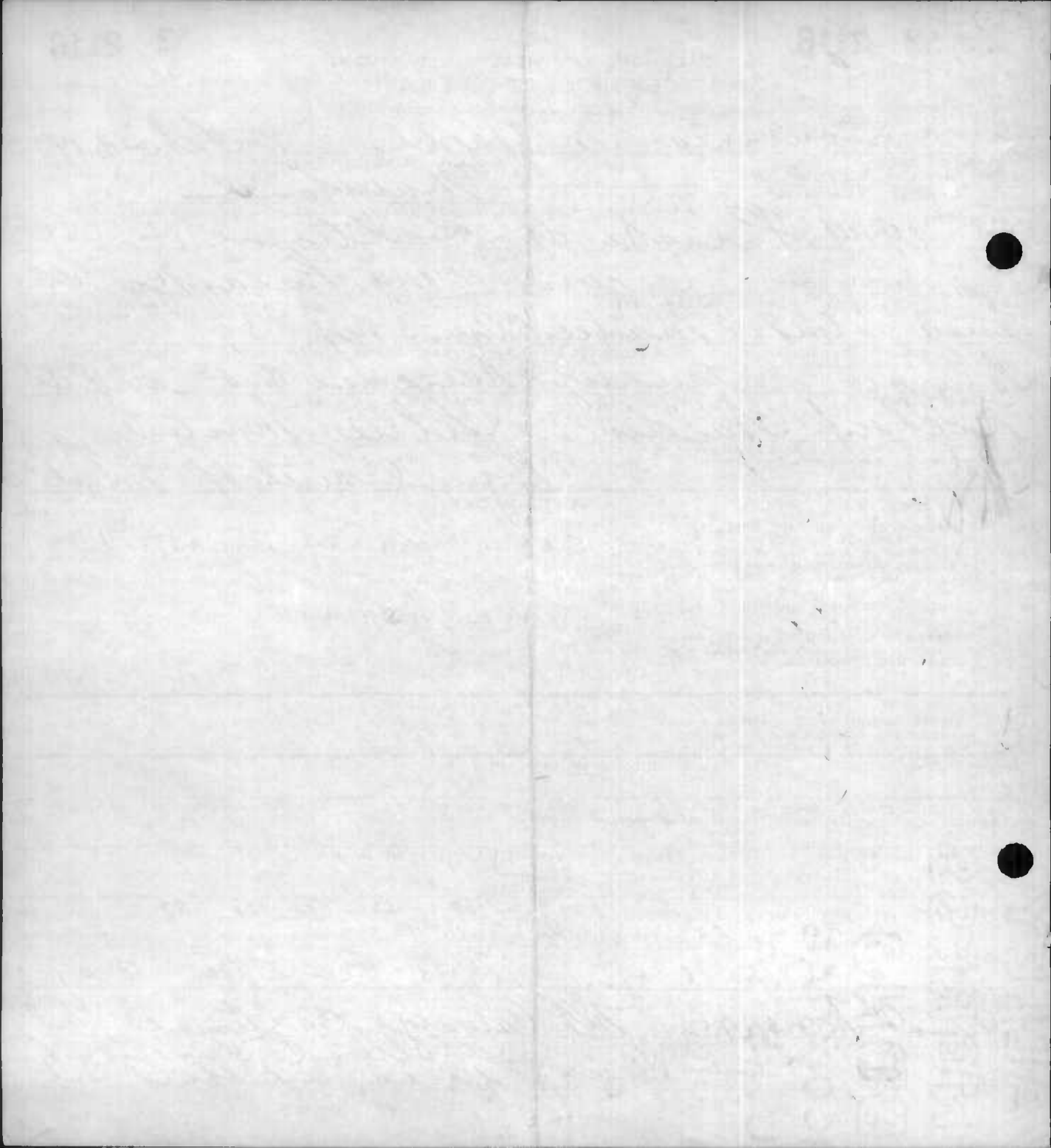
Registered No. 52 2116

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louvenia Mitchell</i>		2. DATE OF DEATH <i>Feb. 29, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1919 N. Pulaski St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 15-04</i>	
c. Length of stay in Baltimore <i>30 years</i>		D. STREET ADDRESS (If rural, give location) <i>1919 N. Pulaski St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Apr. 22, 1914</i>
9. AGE (In years last birthday) <i>37</i>		10. UNDER 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work during most of working life, also if retired) <i>Shopper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Laundry</i>	
11. BIRTHPLACE (State of foreign country) <i>Nassau A. 13</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Richard Halden</i>		14. MOTHER'S MAIDEN NAME <i>Lillie Martin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Raymond Mitchell</i>		ADDRESS <i>1919 Pulaski St.</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>170X I CARCINOMA of BREAST 1 yr?</i> DUE TO ANTECEDENT CAUSES <i>METASTASES</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 12, 1952</i> to <i>Feb 29, 1952</i> that I last saw the deceased alive on <i>Feb 6, 1952</i> and that death occurred at <i>10:30 P.M.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>William Fiey</i> M.D.		23B. ADDRESS <i>1928 Penna Ave</i>	
23C. DATE SIGNED <i>3/3/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar. 5, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
VS 150		643 8C	

MEDICAL CERTIFICATION

50



52 2117

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2117

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

N. OTLEY F. WHETSELL

2. DATE  
OF  
DEATH

February 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

22-01

D. STREET ADDRESS (If rural, give location)

121 W. Barre Street

Length of stay in Baltimore

4 mo

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

3/18/1908

9. AGE (in years  
last birthday)

43

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRYarrindell  
Co.

11. BIRTHPLACE (State or foreign country)

West Va.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Oscar D. whetsell

14. MOTHER'S MAIDEN NAME

Louisa J. Browning

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

world war II

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mr Fred whetsell Terra Alta West Va

18. 322.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) acute and chronic alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

3/1/52

M.D.

MEDICAL INVESTIGATOR ☒24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/5/52

24C. NAME OF CEMETERY OR CREMATORY

Terra Alta Cem

24D. LOCATION (City, town, or county)

Terra Alta West Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

289  
Rollins St.

V S 151

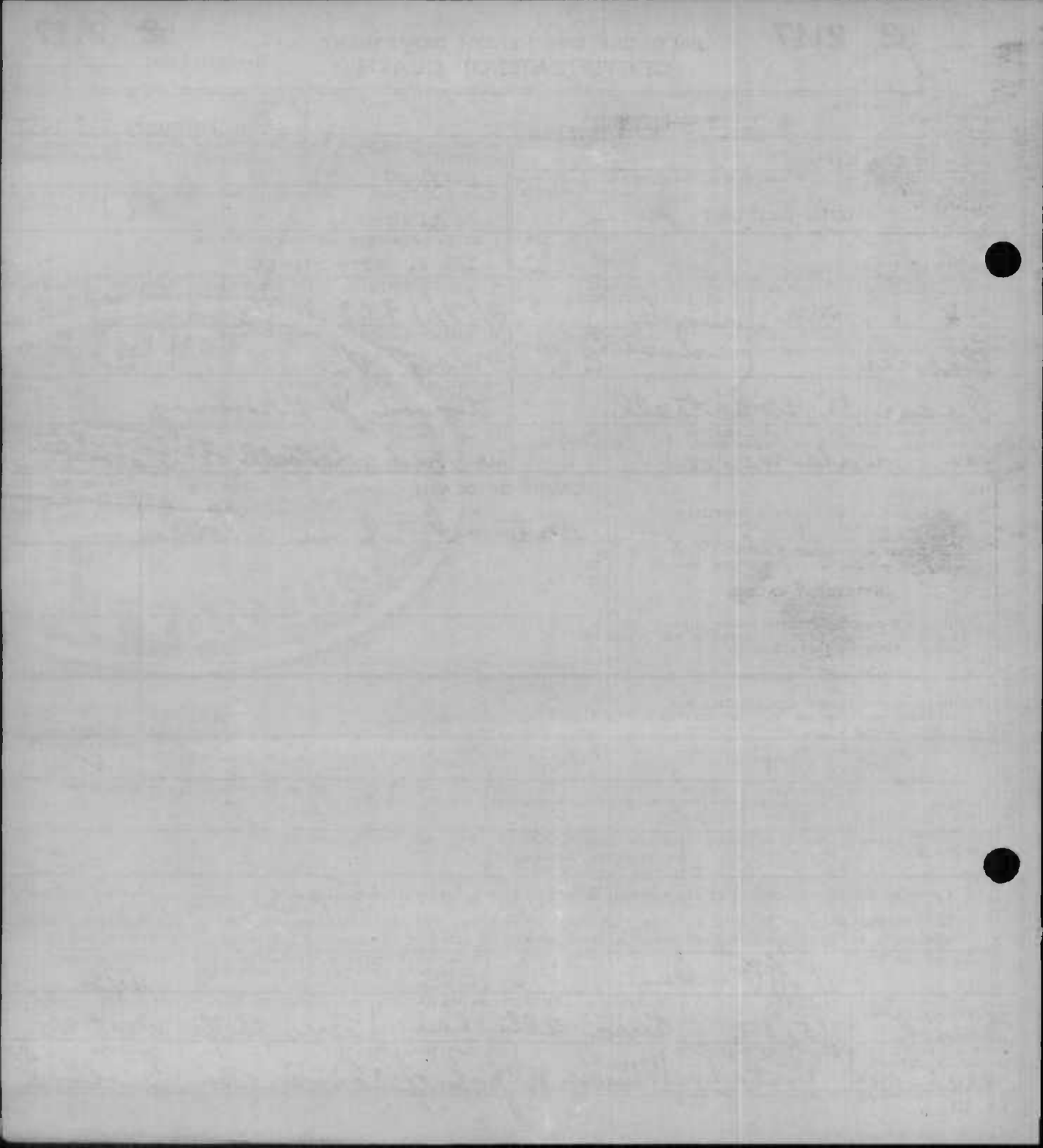
97024

777

2

Correct age is 43 years, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



400  
52 2118BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2118

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sammel KIEL

2. DATE  
OF  
DEATH

3.3.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

LIFE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Baltimore, Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3430 Edmondson Ave #29

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

Dec. 28, 1875

9. AGE (In years  
last birthday)

76

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR  
INDUSTRY

FURNITURE REPAIR

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

American

13. FATHER'S NAME

Georg Kiehl

14. MOTHER'S MAIDEN NAME

Katherine Ruth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPT. REC.

18. 260X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Arteriosclerotic cardio-vascular  
disease  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Diabetes mellitus.  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12.22.51

19B. MAJOR FINDINGS OF OPERATION

arteriosclerotic gangrene of rt. foot

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.16, 1951, to 3.3, 1952 that I last saw the  
deceased alive on 3.3, 1952, and that death occurred at 11:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Sze-jui Liu

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

3.3.52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-6-1952

24C. NAME OF CEMETERY OR CREMATORY

BALTO.

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS &amp; SONS Co. 4905 YORK RD, BALTO.

MAR 4 - 1952

19520002110

61

279

SC

8125

SC





52 2119

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2119

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John A. Hechan</i>		2. DATE OF DEATH <i>March 2, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1260 Valley St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 25, 1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>77</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>St. Mary's County, Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	

18. <i>443 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Cardio-Vascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arterio-Sclerosis</i>		<i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

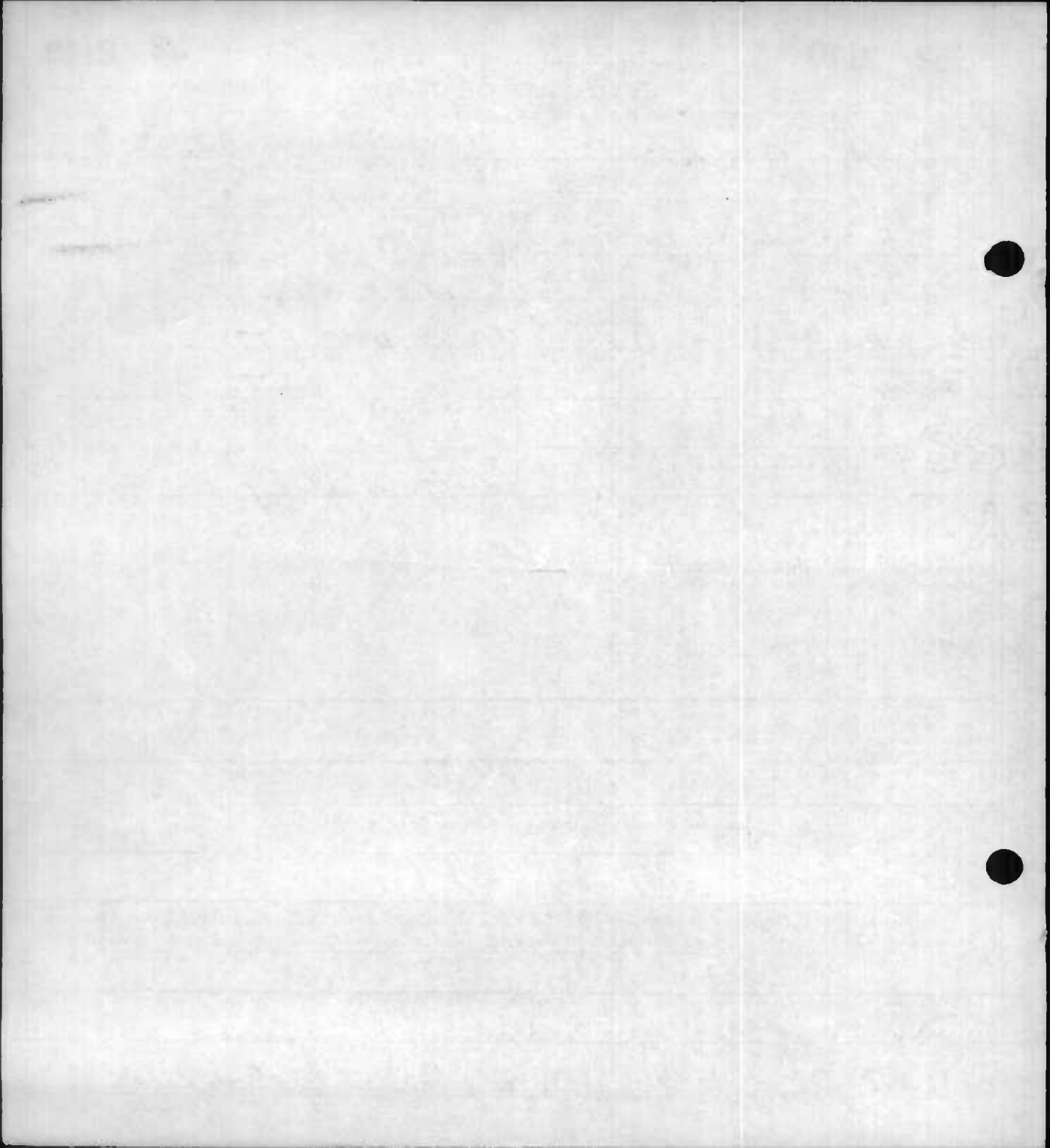
19A. DATE OF OPERATION <i>?</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Feb 10 -*, 1952, to *March 2*, 1952, that I last saw the deceased alive on *March 2*, 1952, and that death occurred at *8 P.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. G. Hall Hall MD</i>	23B. ADDRESS <i>1631 E. North Ave</i>	23C. DATE SIGNED <i>March 4, 1952</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 5, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
--	----------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 4 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Philip Stedfield</i>	ADDRESS <i>906 Biddle St</i>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2120**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**CHARLES BOSTON**

2. DATE  
OF  
DEATH

**February 29, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**Franklin Square Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**23 South Schroeder Street**

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Oct. 1867**

9. AGE (In years last birthday)

**84**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Savago Md**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A**

13. FATHER'S NAME

**?**

14. MOTHER'S MAIDEN NAME

**Luciender Boston**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Martha Boston 1111 W Fairmount Ave**

18.

**443 x 1**

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive Arteriosclerotic**

**Cardiovascular Disease**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. F. Fisher**

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED  
**2/29/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Mar. 4, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**W. T. Zion Cem.**

24D. LOCATION (City, town, or county) (State)

**Lansdowne Md**

DATE RECEIVED BY LOCAL REGISTRAR

**MAR 4 - 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**W. T. P. Williams**

ADDRESS

**322 N. Schroeder St**



200  
52 2121BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2121

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Joseph Haas</b>		2. DATE OF DEATH <b>3/3/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Mercy Hosp.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Baltimore</b> B. COUNTY <b>MD</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mercy Hosp</b> <b>Baltimore Md</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Md 8-02</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1822 N. Milton Ave</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 23rd 1896</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Detective</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Detective Police</b>	
13. FATHER'S NAME <b>Frank Haas</b>		12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO.	
11. MOTHER'S MAIDEN NAME <b>Anna Siegrist</b>		17. INFORMANT <b>1822 Milton Ave</b> <b>Wife Frances Same</b>	

18. <b>332X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Thrombosis</b> DUE TO (A) <b>3 mths</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>Hypertension + Arteriosclerosis</b> DUE TO (C) <b>?</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	19. CAUSE OF DEATH <b>Cerebral Thrombosis</b> <b>Hypertension + Arteriosclerosis</b> <b>?</b>	INTERVAL BETWEEN ONSET AND DEATH <b>3 mths</b>
---	--	---

19A. DATE OF OPERATION <b>None</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-15**, 19**52** to **3-3**, 19**52** that I last saw the deceased alive on **3-2**, 19**52** and that death occurred at **1:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Joseph A. Tynell, Jr.</b>	23B. ADDRESS <b>Mercy Hospital</b>	23C. DATE SIGNED <b>3/3/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Mar 7 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>
24D. LOCATION (City, town, or county) (State) <b>Belair Road</b>	25. FUNERAL DIRECTOR <b>Leo S. Hook</b>	ADDRESS <b>1101-03 Patterson Park Ave</b>

IN SENATE,  
January 10, 1911.

REPORT  
OF THE  
COMMISSIONER OF THE LAND OFFICE,  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
MAY 1, 1909.

ALBANY:  
J. B. LEECH, STATE PRINTER,  
1911.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52 2122**

**326**  
**52 2122**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHARLES M. RUTGER</b>		2. DATE OF DEATH <b>March 3, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Md.</b> b. COUNTY <b>4-01</b>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mercy Hospital</b>		c. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>720 E. Pratt</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 20-1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Deckhand</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Consolidated Fisheries Baltimore</b>	9. AGE (in years last birthday) <b>60</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Mauretz Rutger</b>		14. MOTHER'S MAIDEN NAME <b>Mary Johnson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>218-03-9448</b>	
17. INFORMANT <b>Anna C. Bitz</b>		ADDRESS <b>4111 Colonial Rd.</b>	

18. <b>241X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bronchial pneumonia</b> DUE TO <b>(A)</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Bronchial asthma</b> DUE TO <b>(B)</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>(C)</b>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <b>PRB</b>		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23c. DATE SIGNED <b>March 3, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Decent</b>	24b. DATE <b>3/5/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Woodlawn</b>

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 4 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Frank H. Newell - Pikesville, Ind.</b>	ADDRESS <b>910 12</b>
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SSS 50

SSS 50



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2123

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Collette Jr.

2. DATE  
OF  
DEATH

3-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

2206 Westchester Ave

C. Length of stay in Baltimore

7

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct 15 1944

9. AGE (In years last birthday)

7

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William COLLETTE

14. MOTHER'S MAIDEN NAME

Catherine Pauls.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

William Collette, Catonsville, Md.

18. 475X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Dehydration + acidosis, severe

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Vomiting

DUE TO

(C) Upper Respiratory Infection

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/29, 1952, to 3/2, 1952, that I last saw the deceased alive on 3/2, 1952, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Leola. Key Jr.

M. D.

23B. ADDRESS

St Agnes Hosp.

23C. DATE SIGNED

3/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-5-52

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county)

Ellicott City, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

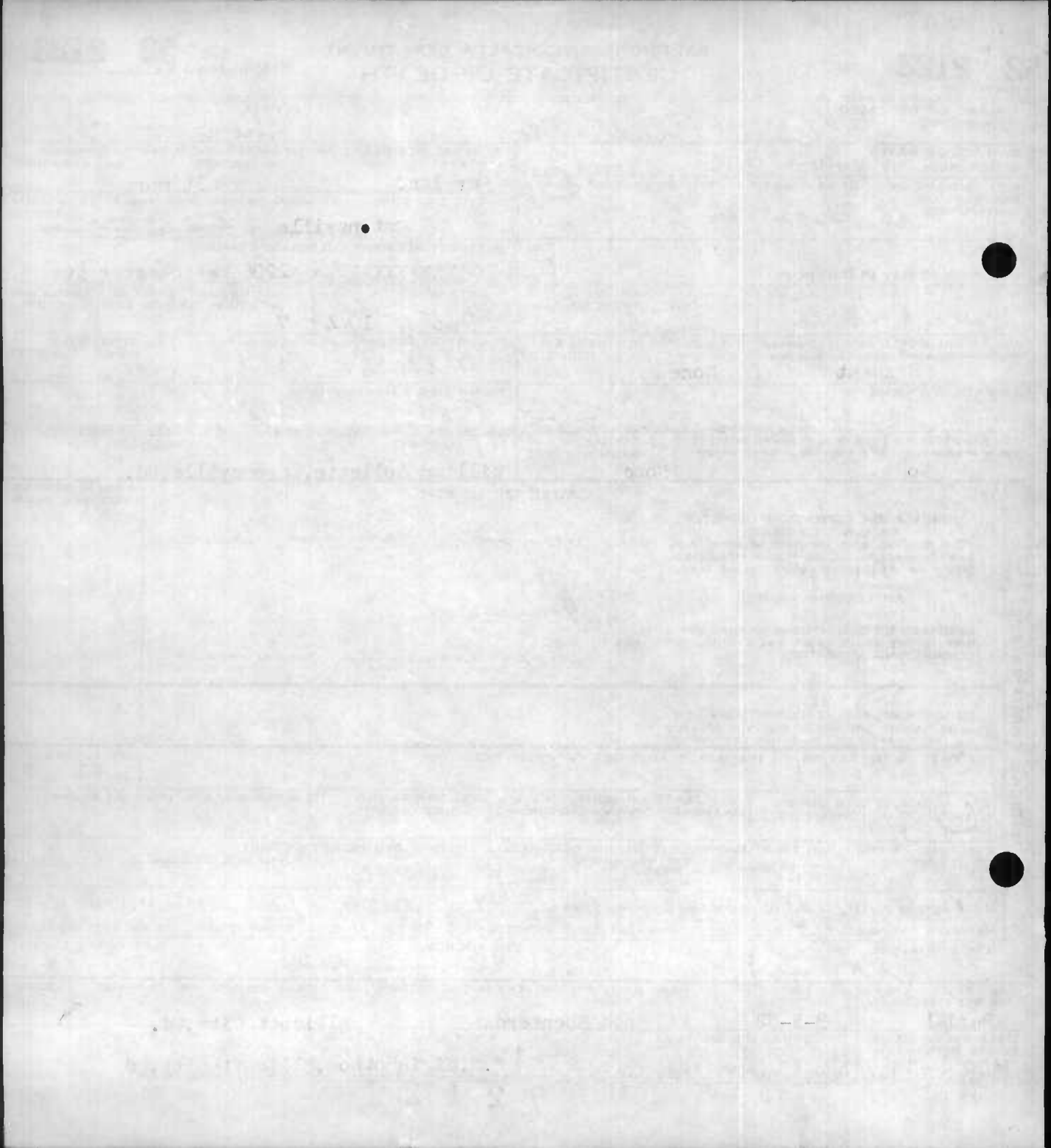
25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1952

Huntington Williams, M.D.

F.C. Miginbothom, Ellicott City, Md



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2124  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY MARGARET TRIPLETT

2. DATE  
OF  
DEATH

Mar. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2625 Miles Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2625 Miles Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 13, 1874

9. AGE (In years last birthday)

77

10 Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

-

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Ridgeley

14. MOTHER'S MAIDEN NAME

- Glaspey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mr. Edward Triplett - 5109 Arbutus, Md.  
Walnut Ave.

18. 442 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) hypertensive cardio-vascular disease

3 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

ventral hernia

sev yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 50, 1950, to March 2, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/52

24C. NAME OF CEMETERY OR CREMATORY

St. Alphonsus Cem.

24D. LOCATION (City, town, or county) (State)

Woodstock, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1952

Huntington Williams, M.D.

2422-15 S. Belener & Sons

937 Buco 17, Md

MEDICAL CERTIFICATION



300  
52 2125

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2125  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mrs. Lola B. Reed (Lola Bridges Reed)</b>			2. DATE OF DEATH <b>3/3/1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Yes</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Bon Secours Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1901 E. 31st St- 18- Md</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	B. DATE OF BIRTH <b>12/20/1896</b>		9. AGE (in years last birthday) <b>55</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>			14. MOTHER'S MAIDEN NAME <b>Stella Bridges (Same)</b>		
13. FATHER'S NAME <b>John Bridges</b>			17. INFORMANT ADDRESS <b>Mr. Parker M. Reed - 1901 E. 31st St.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokooow) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>none</b>		

18. <b>443 x I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebrial Thrombosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive C.V.D.</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>3/1/52</b> , 19 <b>52</b> , to <b>3-3</b> , 19 <b>52</b> that I last saw the deceased alive on <b>3/3/52</b> , 19 <b>52</b> and that death occurred at <b>2:12 P.M.</b> from the causes and on the date stated above.		
23A. SIGNATURE <b>John E. Carroll Jr.</b>	23B. ADDRESS <b>Bon Secours Hospital</b>	23C. DATE SIGNED <b>3/3/50</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24B. DATE <b>3/5/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Green Mount Crem.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 4 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Edm. J. Lickner &amp; Sons</b>	ADDRESS <b>Balto 17 Md. 937</b>

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360  
52 2126BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2126

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AGNES DONALDSON WEETER

2. DATE  
OF  
DEATH Mar. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

15 Midvale Rd.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

15 Midvale Rd.

8. DATE OF BIRTH

Aug. 14, 1892

9. AGE (In years  
last birthday)

59

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Robert Reid

14. MOTHER'S MAIDEN NAME

Agnes Crane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mrs. Marion R. Neilson - 2216 Sulgrave Ave

18. 331X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948 to Dec, 1952, that I last saw the  
deceased alive on July 25, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

2/6/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1952

Huntington Williams, M.D.

Dr. J. J. Wickner &amp; Sons

Baltimore Md 83a

10

TO THE SECRETARY OF THE  
NAVY DEPARTMENT  
WASHINGTON, D. C.

Very respectfully,  
Your obedient servant,  
[Signature]

Very respectfully,  
Your obedient servant,  
[Signature]

Very respectfully,  
Your obedient servant,  
[Signature]

555  
52 2127  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2127

1. NAME OF DECEASED (Type or Print) Mary Catherine Honemann			2. DATE OF DEATH March 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 436 East North Ave.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY 436 East North Ave.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) Baltimore Md.		
c. Length of stay in Baltimore 70 years			D. STREET ADDRESS (If rural, give location) 436 East North Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 10, 1858	9. AGE (In years last birthday) 93	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Shrewsbury Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown JOSHUA LUDWIG			14. MOTHER'S MAIDEN NAME SARAH Unknown KLINEFELTER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT ADDRESS Mrs. E. T. Drewery 436 E. North Ave.		

18. 794X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH  OLD AGE  (A) ..... DUE TO  (B) ..... DUE TO  (C) .....	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 1952, to March 3, 1952, that I last saw the deceased alive on March 3, 1952, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE Harold H. Rosenthal	23B. ADDRESS M. D. 1902 GREENMOUNT AVE.	23C. DATE SIGNED March 4 - 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 6, 1952	24C. NAME OF CEMETERY OR CREMATORY Lorraine
24D. LOCATION (City, town, or county) Baltimore, Maryland		(State)

DATE RECEIVED BY LOCAL REGISTRAR MAR 4 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elsworth Ormiston	ADDRESS 4600 Liberty Heights Ave. 162 B
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1951

3

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED: JOHN W. KILPATRICK

1. NAME OF DECEASED		2. SEX		3. AGE	
JOHN W. KILPATRICK		MALE		45	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
JAN 15 1951		10:30 AM		HOME	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF PHYSICIAN	
HEART DISEASE		NATURAL		[Signature]	
10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF WITNESSES		12. SIGNATURE OF FUNERAL HOME	
[Signature]		[Signatures]		[Signature]	

630  
52 2128

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2128

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anna M. Ford

2. DATE  
OF  
DEATH

Mar. 2-1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

(before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTION

3110 Chesley Ave

c. CITY OR TOWN

(If outside corporate limits, give R.I.T. and give township)

d. STREET ADDRESS (If rural, give location)

3110 Chesley Ave

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr. 26-1907

9. AGE (In years

44

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Daniel A. Ford

14. MOTHER'S MAIDEN NAME

Margaret Mc Donnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mr. Daniel A Ford Jr Redwood

ADDRESS 225 E

1B.

170X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma, Breast, left  
with Pulmonary & vertebral  
Metastasis

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from May 1946 to Mar 1952, that I last saw the  
deceased alive on Mar 2, 1952, and that death occurred at 8P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm H. Kammer, D. M. D.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

Mar 5, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3-5-52

24C. NAME OF CEMETERY OR CREMATORY

New Calverton

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 4-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

5305 Harford Rd

Dr. Kammer  
501 Sheridan



520  
52 2129

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2129

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bernard J. Jones

2. DATE  
OF  
DEATH

Mar 3-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial

C. CITY OR TOWN

Maryland

Baltimore

D. STREET ADDRESS (If rural, give location)

1502 Glen Eagle Road.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

male

white

married

July 20-1894

57

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

deal & state

New York

13. FATHER'S NAME

James L. Jones

14. MOTHER'S MAIDEN NAME

Hellie O. Grady

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ann Jones - 1502 Glen Eagle

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Angina pectoris

DUE TO

? years.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from May 1947 to present, 1952, that I last saw the deceased alive on 1/31 1952 and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Mrs. L. Jones

M. D.

11 E. Chase St.

3/4/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/7/52

State of Heaven

New York

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1952

Huntington Williams

W. L. J. Ruck

5305 Bayford

MEDICAL CERTIFICATION



Dr. Speed  
11 E. Chase  
2PM

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52 2130120  
52 2130  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

NOVAK FRANK

2. DATE  
OF  
DEATH

March 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSP

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

April 12, 1912

9. AGE (In years  
last birthday)

39

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

ELECTRICIAN

10B. KIND OF BUSINESS OR  
INDUSTRY

WESTERN ELECTRIC

11. BIRTHPLACE (State or foreign country)

Dumbay Louisiana

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael J. Novak

14. MOTHER'S MAIDEN NAME

Ella Rush

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

216-01-9443

17. INFORMANT

ADDRESS

Mrs. Agnes Novak 2717 Beryl Ave

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Atherosclerosis of Arteries

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(if in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 29, 1952 to March 2, 1952 and that I last saw the  
deceased alive on March 2, 1952 and that death occurred at 8 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Gendler

M. D.

23B. ADDRESS

Honor Hosp

23C. DATE SIGNED

March 2, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March 6 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Church

24D. LOCATION (City, town, or county)

Baltimore County

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John H. Wedder

ADDRESS

401 S. Chester

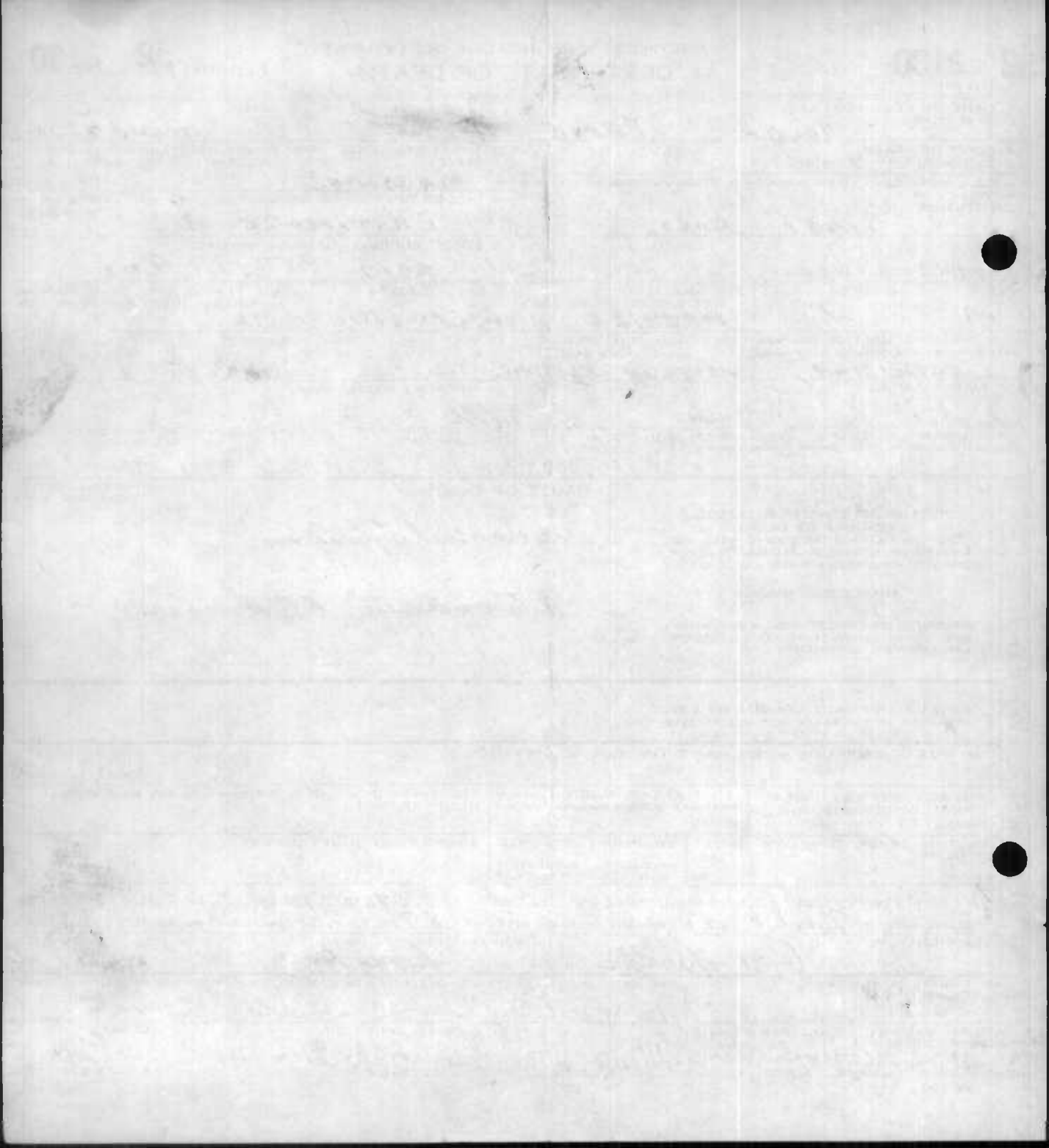
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5153M

937

Contact age is especially important. Informants: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



-600  
52 2131

WIRE

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2131

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elizabeth Wire

2. DATE  
OF  
DEATH

3/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

409 S. Wolfe St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

409 S. Wolfe St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/16/1922

9. AGE (in years last birthday)

30

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Wire

14. MOTHER'S MAIDEN NAME

Mary Stoeck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

James Taylor 409 S. Wolfe St.

18.

491X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Broncho-Pneumonia  
Primary

INTERVAL BETWEEN ONSET AND DEATH

4 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congenital Spastic Paraplegia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1952, to March 1, 1952, that I last saw the deceased alive on March 1, 1952, and that death occurred at 1:15 m., from the causes and on the date stated above.

23A. SIGNATURE

James Taylor

23B. ADDRESS

409 S. Wolfe St.

23C. DATE SIGNED

3/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/5/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

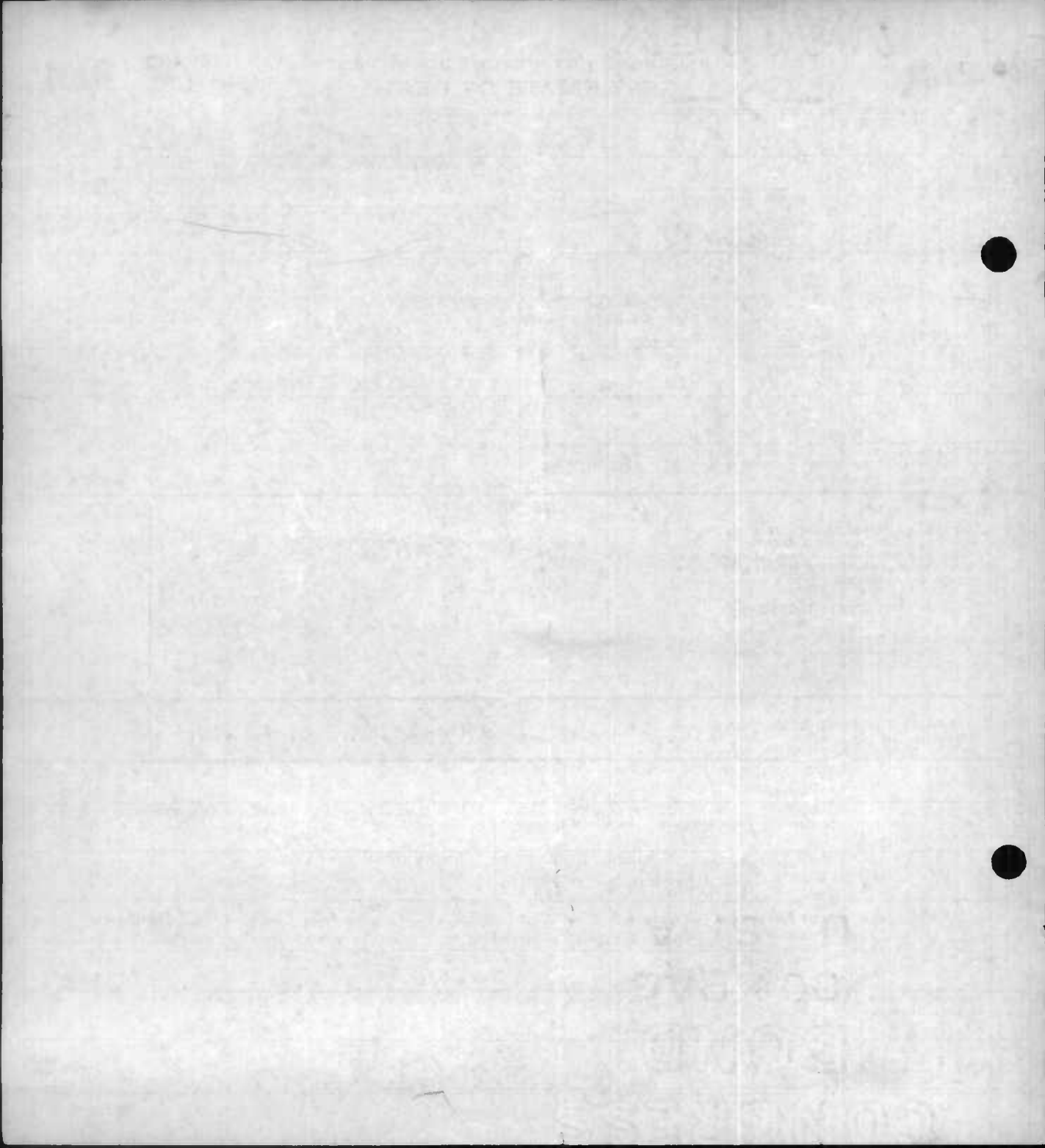
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 - 1952

Huntington Williams, Jr. 1217 St. Paul St.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2132**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>John W. Eckhardt</b>			2. DATE OF DEATH <b>3/1/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>Balto</b>		
B. FULL NAME OF (If not in hospital or institution, give street address of) HOSPITAL OR INSTITUTION <b>Good Samaritan Home Hospital</b> <b>27 N. Carey St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>(Glen Morris) Reisterstown</b>		
c. Length of stay in Baltimore <b>1 wk.</b>			D. STREET ADDRESS (If rural, give location) <b>(Rural) Old Hammer Rd.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>4/2/1877</b>	9. AGE (In years last birthday) <b>74</b>	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Husbandry</b>		
13. FATHER'S NAME <b>Louis C. Eckhardt</b>			14. MOTHER'S MAIDEN NAME <b>Charlotte Klingmeyer</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no.</b>			16. SOCIAL SECURITY NO. <b>none.</b>		
17. INFORMANT <b>Grace Eckstein</b>			ADDRESS <b>3201 Ramona Ave</b>		

18. <b>490X</b>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Labar Pneumonia</b>	<b>1 da.</b>
DUE TO		(B) <b>arteriosclerosis.</b>	<b>2 yrs</b>
DUE TO		(C) <b>Cold.</b>	<b>1 wk.</b>

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Inguinal Hernia</b>		<b>15 yrs</b>
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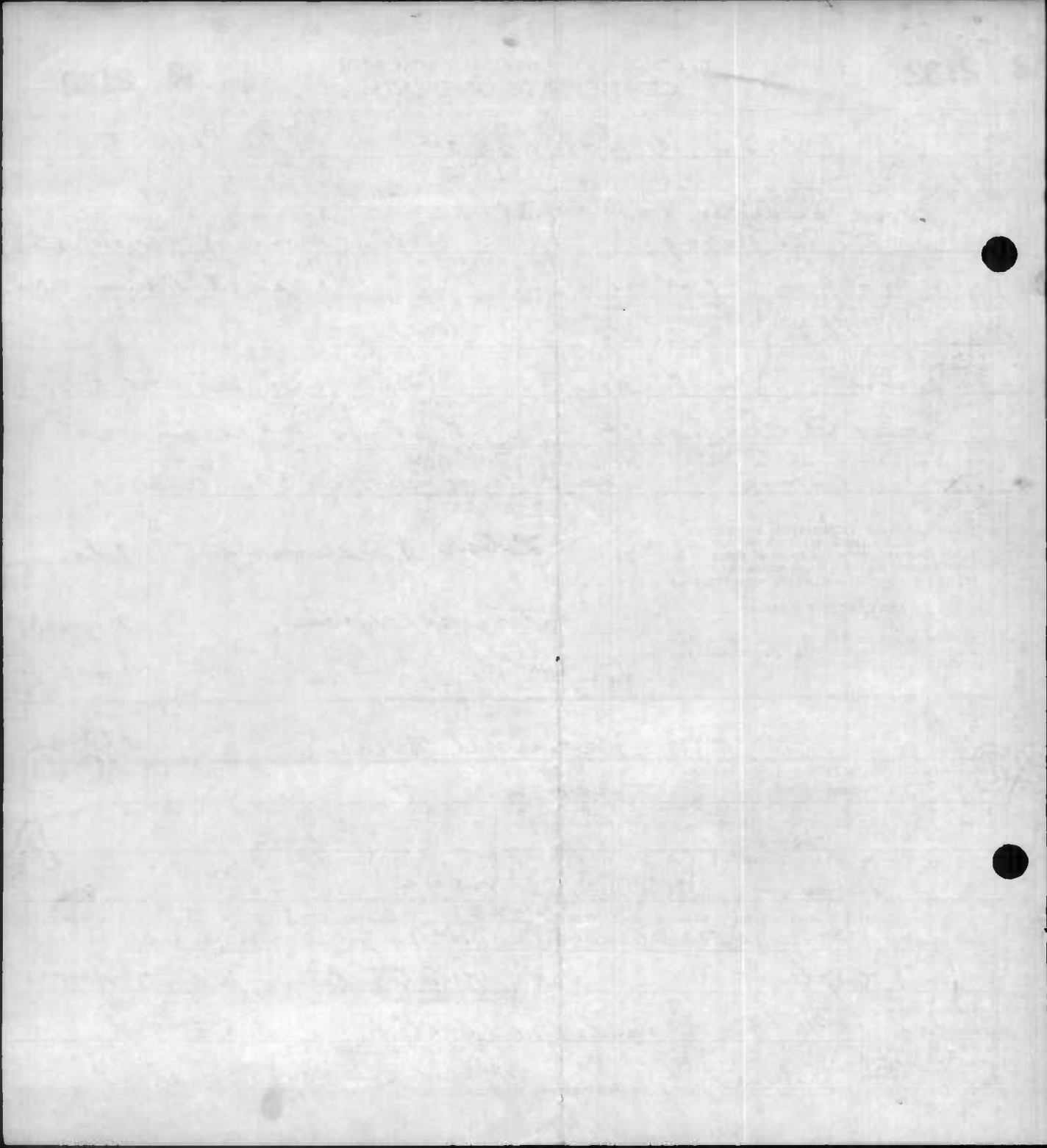
19A. DATE OF OPERATION <b>none.</b>	19B. MAJOR FINDINGS OF OPERATION <b>none.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>none</b>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>none</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>none</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>none</b>

22. I hereby certify that I attended the deceased from **11-25**, 19**36**, to **3-1**, 19**52**, that I last saw the deceased alive on **3-1**, 19**52**, and that death occurred at **10:20 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>D. D. Cyles</b>	23B. ADDRESS <b>Reisterstown, Md.</b>	23C. DATE SIGNED <b>3-4-52</b>
--------------------------------------	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/5/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St. Pauls-Druid Hill Park</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
--	----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 4 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>	25. FUNERAL DIRECTOR <b>W. B. BOK Inc.</b>	ADDRESS <b>1217 St. Paul St.</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2133**

**BIRTH NO.** **52 2133**

1. NAME OF DECEASED (Type or Print) <b>August Fischer</b>		2. DATE OF DEATH <b>3/2/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Mo.</b> B. COUNTY <b>28-04</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b>	
c. Length of stay in Baltimore <b>6 1/2 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>501 Stamford.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>Married</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Grocery Business</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>John Fischer</b>		14. MOTHER'S MAIDEN NAME <b>MARGARET Vaeth</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Minnie E. Fischer</b>		ADDRESS <b>501 Stamford</b>	

18. <b>564X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>CARDIAC FAILURE</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>3/2/52</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <b>Coronary Insufficiency</b> DUE TO	<b>?</b>
(C) _____		

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>2/28/52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Cholelithiasis Cholecystitis Common Duct. Obst.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2/21**, 19**52**, to **3/2**, 19**52**, that I last saw the deceased alive on **3/1**, 19**52**, and that death occurred at **10:30** a.m., from the causes and on the date stated above.

23A. SIGNATURE <b>AK Kamen</b>		23B. ADDRESS <b>Mercy Hosp</b>		23C. DATE SIGNED <b>3/2/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Mar. 5/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>	
		24D. LOCATION (City, town, or county) <b>A.A. Co. Md.</b>		(State)	

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Edmonds</b>	
				ADDRESS <b>4101 Edmonds</b>	

5239

82

RECEIVED BY THE  
BUREAU OF THE  
INTERNAL SECURITY

5239

82

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2134**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Kenneth M. Button, Sr.**

2. DATE  
OF DEATH

**March 3/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**St. Agnes' Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
A. STATE  
**Maryland**  
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write BUREAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)

**3915 Wilkens Ave.**

c. Length of stay in Baltimore

**Life**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**March 29, 1891**

9. AGE (In years last birthday)

**60**

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

**Sales Representative, Manning Food Co. Balto. Md.**

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Joseph Button**

**CANNING VEG.**

14. MOTHER'S MAIDEN NAME

**Mary Harrison**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**216 32 7534**

17. INFORMANT

ADDRESS **Ave**

**Mrs. Theresa Button, 3915 Wilkens**

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary occlusion**  
DUE TO

**10 hrs**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)   
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Feb 2**, 19**52**, to **Feb 3**, 19**52**, that I last saw the deceased alive on **Feb 3**, 19**52**, and that death occurred at **12** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**Burial**

**March 6/52**

**Loudon Park**

**Baltimore 29, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**MAR 5 - 1952**

**Huntington Williams, M.D.**

**4101 Edmondson Ave.**

1914

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CERTIFICATE OF DEATH

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416  
52 2135BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2135

1. NAME OF DECEASED (Type or Print)		WILLIAM CLAYBORNE		2. DATE OF DEATH		February 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 31 Baltimore City Hospitals				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 337 Forrest Street			
5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		9. AGE (In years last birthday) 61	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster		10B. KIND OF BUSINESS OR INDUSTRY Sold vegetables		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WWI		17. INFORMANT Unknown		ADDRESS Ret. Adm. Balto., Md.	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E845X I Skull fracture		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subdural and subarachnoid hemorrhage			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Contusion of brain			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 400 block of E. Pratt Street 4/1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY February 2, 1952		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? wagon Fell to ground while driving horse &	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. W. W.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED Feb. 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/5/52		24C. NAME OF CEMETERY OR CREMATORY Balto. National	
24D. LOCATION (City, town, or county) Balto., Md.		24E. NAME OF CEMETERY OR CREMATORY Balto. National		24F. LOCATION (City, town, or county) Balto., Md.	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAR 4 - 1952		24H. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24I. FUNERAL DIRECTOR Charles Law - 802 N. 2nd. Ave.	
24J. ADDRESS V S 151		24K. ADDRESS 186a		24L. ADDRESS	

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186a

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STATE OF NEW YORK

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2136

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>William A. Haase</u>		2. DATE OF DEATH <u>Mar. 4, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland 3119 Chesley Ave</u>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3119 Chesley Ave</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baets.</u> <u>27-05</u>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>3119 Chesley</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 25 1874</u>	9. AGE (In years last birthday) <u>77</u>	10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>			
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13. FATHER'S NAME <u>Herman Haase</u>		14. MOTHER'S MAIDEN NAME <u>Anna Pleggmeyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, do or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>212-01-2499</u>	
17. INFORMANT <u>Mrs. Evelyn Barbagallo</u>		ADDRESS <u>Same</u>	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Coronary Occlusion</u> DUE TO (B) <u>Coronary artery dis.</u> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH  <u>1 year</u>
--	---	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May, 1951, to Mar. 4, 1952, that I last saw the deceased alive on Feb. 16, 1952, and that death occurred at 2 A m., from the causes and on the date stated above.

23A. SIGNATURE <u>Donald Janday</u>		M. D. <u>6077 Harford Rd</u>		23C. DATE SIGNED <u>3-4-52</u>	
24A. BYRIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3-7-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	
24D. LOCATION (City, town, or county) (State) <u>Taylor Ave Md</u>					

DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 4 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Mildred J. Blight</u>	
VS 150				ADDRESS <u>6069 Harford Rd</u> <u>94a</u>	

MEDICAL CERTIFICATION



CENTRO DE DESEM

808

1900

3111 S. V.

BOND

VALLEY



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623  
52 2137

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2137

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Mary Elizabeth Christhilf*

2. DATE  
OF  
DEATH

Mar. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

908 Fitting Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore (Brooklyn) 25-05

D. STREET ADDRESS (If rural, give location)

908 Fitting Court

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 21, 1858

9. AGE (In years  
last birthday)

94

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Chase

14. MOTHER'S MAIDEN NAME

Louise A. MacCubbin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Frank C. Christhilf - 1611 St. Stephens St.

18. 492X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

QUE TO

heart failure / pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

QUE TO

viral infection of upper  
respiratory

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-2-1952 to 3-2-1952, that I last saw the deceased alive on 3-2-1952, and that death occurred at 3:45 PM from the causes and on the date stated above.

23A. SIGNATURE

*Eugene Schuep*

23B. ADDRESS

3404 S Kenner

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/6/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 4 - 1952

REGISTRAR'S SIGNATURE

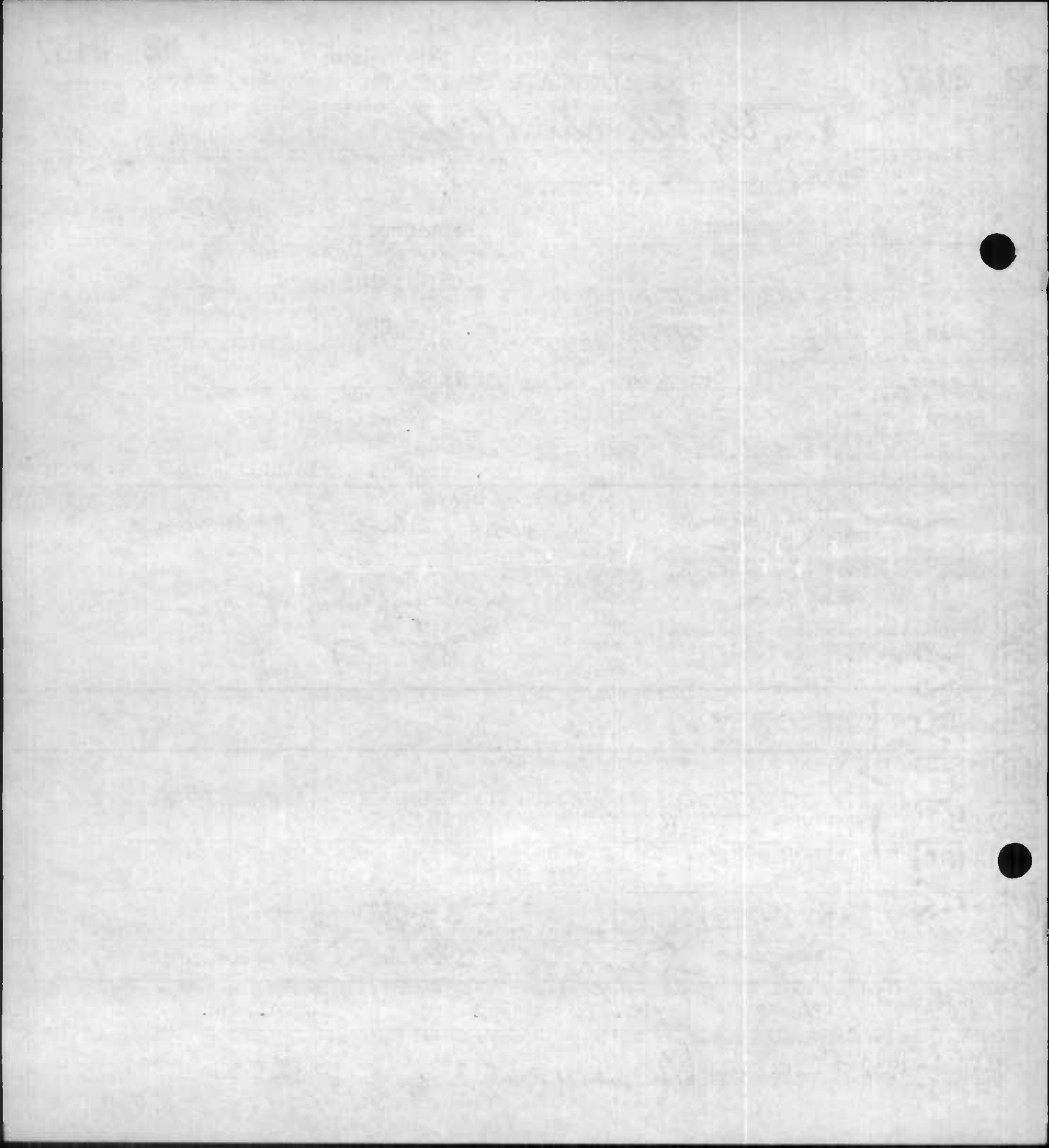
*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Wm. J. Ziegner & Sons*

ADDRESS

Balto., Md 109a



300  
52 2138BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2138

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emma Kothe

2. DATE  
OF  
DEATH

March 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2635 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2635 Edmondson Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

3/6/1868

9. AGE (in years  
last birthday)

85

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Conrad Kothe

14. MOTHER'S MAIDEN NAME

Catherine Kothe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

ADDRESS

Mary Kothe 2635 Edmondson Ave.

18.

422.1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

Arteriosclerotic cardio-vascular

(A) disease  
DUE TOINTERVAL BETWEEN  
ONSET AND DEATH

Since 1947

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1947, to March 2, 1952, that I last saw the deceased alive on March 2, 1952, and that death occurred at 12:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Eugene A. Rindorf

M. D.

23B. ADDRESS

3030 Edmondson Avenue

23C. DATE SIGNED

March 4, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/5/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John T. Stansbury 2700 Edmondson Ave

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

5018 92

76-200  
100-100

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of hospice	
19. Signature of other institution		20. Signature of other place		21. Signature of other person	
22. Signature of other person		23. Signature of other person		24. Signature of other person	
25. Signature of other person		26. Signature of other person		27. Signature of other person	
28. Signature of other person		29. Signature of other person		30. Signature of other person	
31. Signature of other person		32. Signature of other person		33. Signature of other person	
34. Signature of other person		35. Signature of other person		36. Signature of other person	
37. Signature of other person		38. Signature of other person		39. Signature of other person	
40. Signature of other person		41. Signature of other person		42. Signature of other person	
43. Signature of other person		44. Signature of other person		45. Signature of other person	
46. Signature of other person		47. Signature of other person		48. Signature of other person	
49. Signature of other person		50. Signature of other person		51. Signature of other person	
52. Signature of other person		53. Signature of other person		54. Signature of other person	
55. Signature of other person		56. Signature of other person		57. Signature of other person	
58. Signature of other person		59. Signature of other person		60. Signature of other person	
61. Signature of other person		62. Signature of other person		63. Signature of other person	
64. Signature of other person		65. Signature of other person		66. Signature of other person	
67. Signature of other person		68. Signature of other person		69. Signature of other person	
70. Signature of other person		71. Signature of other person		72. Signature of other person	
73. Signature of other person		74. Signature of other person		75. Signature of other person	
76. Signature of other person		77. Signature of other person		78. Signature of other person	
79. Signature of other person		80. Signature of other person		81. Signature of other person	
82. Signature of other person		83. Signature of other person		84. Signature of other person	
85. Signature of other person		86. Signature of other person		87. Signature of other person	
88. Signature of other person		89. Signature of other person		90. Signature of other person	
91. Signature of other person		92. Signature of other person		93. Signature of other person	
94. Signature of other person		95. Signature of other person		96. Signature of other person	
97. Signature of other person		98. Signature of other person		99. Signature of other person	
100. Signature of other person		101. Signature of other person		102. Signature of other person	

52 2139

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2139

Registered No.

BIRTH NO. 51-04489

1. NAME OF DECEASED  
(Type or Print)

LOUIS VIDI

2. DATE  
OF  
DEATH

3-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

FEB 13-1951

9. AGE (in years,  
last birthday)

1

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Lilo C. Vidi

14. MOTHER'S MAIDEN NAME

Mary Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Nilo C. Vidi 5411 Penbrooke Ave

18.

260X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Diabetic Coma

DUE TO

ANTECEDENT CAUSES

(B)

Diabetes Mellitus

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 2-29, 1952 to 3-2, 1952, that I last saw the  
deceased alive on 3-2, 1952 and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial March 5 1952 Parkwood Cemetery Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

R 5-1952

Huntington Williams M.D.

Shouk Dellek

322 S. High St.



1997-2000



400  
52 2140Milio  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2140  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Santi Milio

2. DATE  
OF  
DEATH

3/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Murray Hosp

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Murray Hosp

c. Length of stay in Baltimore

42 yrs  
Yrs.  
Mos.  
Days

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

St. Balto 26-36

D. STREET ADDRESS (If rural, give location)

1612 S. Elrino ST

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired foreman

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Luigi Milio

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-03-1999

8. DATE OF BIRTH

July 21, 1888

9. AGE (in years, last birthday)

70

11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Gaetana D'Antoni

17. INFORMANT

ADDRESS

Mrs. Marco Menin 1612 S. Elrino Ave

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

Cerebral vascular hemorrhage 3 days

Uremia, portal cirrhosis

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1952, to March 2, 1952, that I last saw the deceased alive on 2/2/52, 1952, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Reskin

23B. ADDRESS

M. D.

Murray

23C. DATE SIGNED

3/2/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March 5/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Della Rose 322 S. High St.

ADDRESS

MAR 5 - 1952

VS 150

52399

124B

MEDICAL CERTIFICATION

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

513  
52 2141BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

52 2141

BIRTH NO. *Non Res.*1. NAME OF DECEASED  
(Type or Print)*Glennia Compton*2. DATE  
OF  
DEATH*March 4 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*1121 3 W.*

B. FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION *THE JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*W. Va.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Leckie*

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY

13. FATHER'S NAME

*Leonard Compton*

14. MOTHER'S MAIDEN NAME

*Rosemary Stevens*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*THE JOHNS HOPKINS HOSPITAL*18. *227 X*

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

*Pyogenic  
Pneumonia  
Asteric Fibrosis*OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH *NO*21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-1-*, 19*52*, to *3-4-*, 19*52*, that I last saw the deceased alive on *3-4-*, 19*52* and that death occurred at *5:00 P.* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Removal**3-4-1952**Breer Funeral Service Tazewell, Virginia*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 5 - 1952**Huntington Williams, M.D.**Carl B. Wherton Funeral Home, Inc.**403-E-25th Street  
Baltimore - 18 - Md. 56E*

1715 52

1715 52

STATEMENT OF DEATH  
SACRAMENTO COUNTY HEALTH DEPARTMENT

Name of Deceased		Date of Death	
Sex		Age	
Race		Place of Birth	
Marital Status		Occupation	
Cause of Death		Place of Death	
Time of Death		Signature of Physician	
Signature of Registrar		Signature of Coroner	

3-4-1924 Sacramento County Health Department  
Sacramento, California

52 2142

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2142

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

OTTO C. MEYER

2. DATE  
OF  
DEATH

3-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2617 WILKENS AVE.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

M.D.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 20-05

D. STREET ADDRESS (If rural, give location)

2617 WILKENS AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

JAN. 21, 1873

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

IRON MOLDER

10B. KIND OF BUSINESS OR  
INDUSTRY

B.K.O. R.R.

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF  
WHAT COUNTRY?

U.S. A.

13. FATHER'S NAME

AUGUST MEYER

14. MOTHER'S MAIDEN NAME

ANNA FREDERICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. Frank Marquies - 2617 Wilkens Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

CARCINOMA STOMACH

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

PULMONARY EMBOLISM

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28, 1952 to 3/1, 1952, that I last saw the  
deceased alive on 3/1, 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-5-52

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county) (State)

BROOKLYN, A.A.C.O. MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

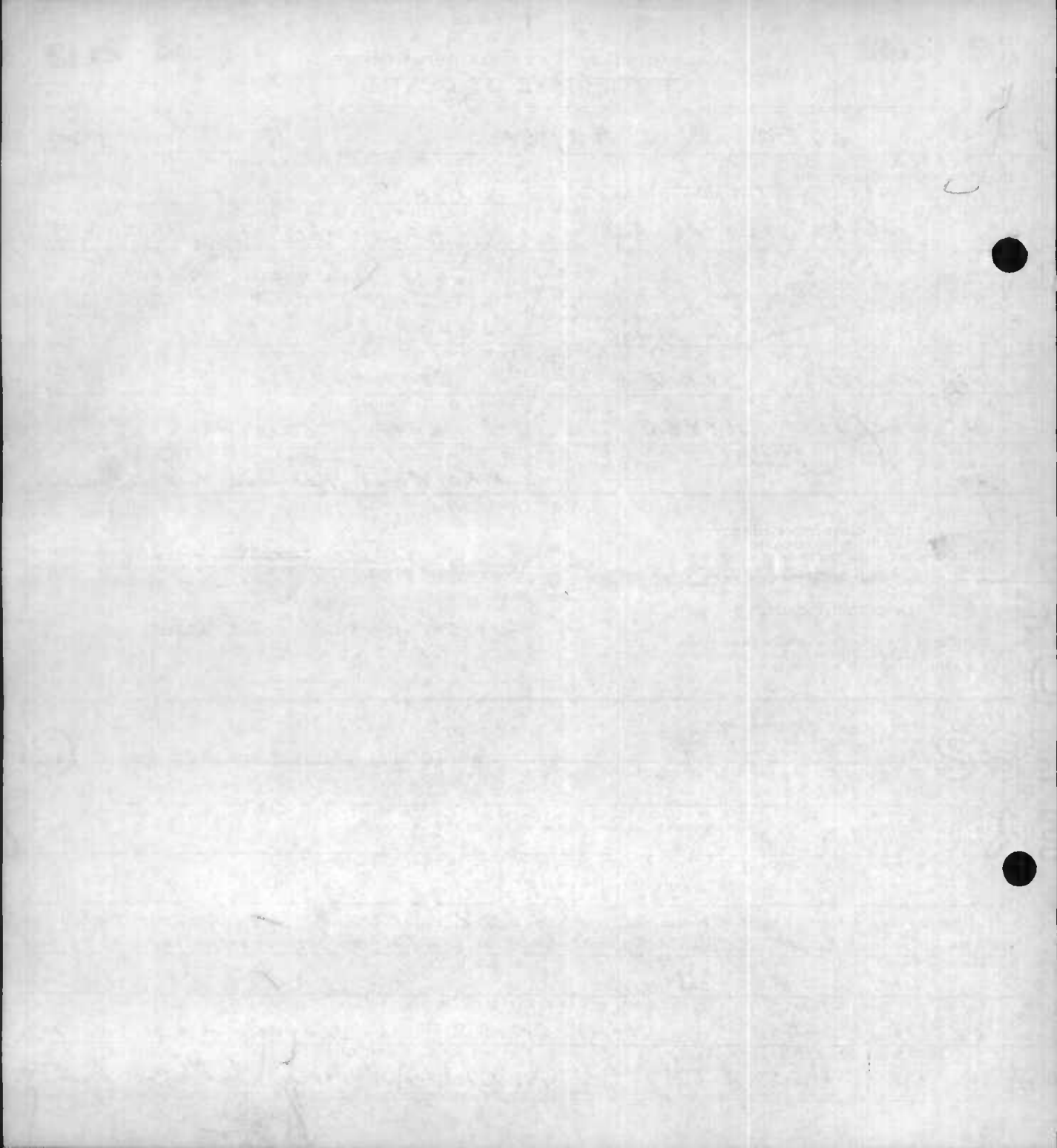
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1952

Huntington, W. D. George A. Farley, Fulton Ave. Sykes.





52 2143

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2143  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Ella Murphy

2. DATE  
OF DEATH March 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2025 W. Fayette St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

34 Bon Secours Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

13. FATHER'S NAME

James Brady

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

7/8/79

9. AGE (in years last birthday)

72

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rose Golden

17. INFORMANT

ADDRESS

T.A. Murphy - 17 N. Fulton Ave.

## CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

13 years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/52, to 3/2/52, 19, that I last saw the deceased alive on 3/2/52, 19, and that death occurred at 6:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

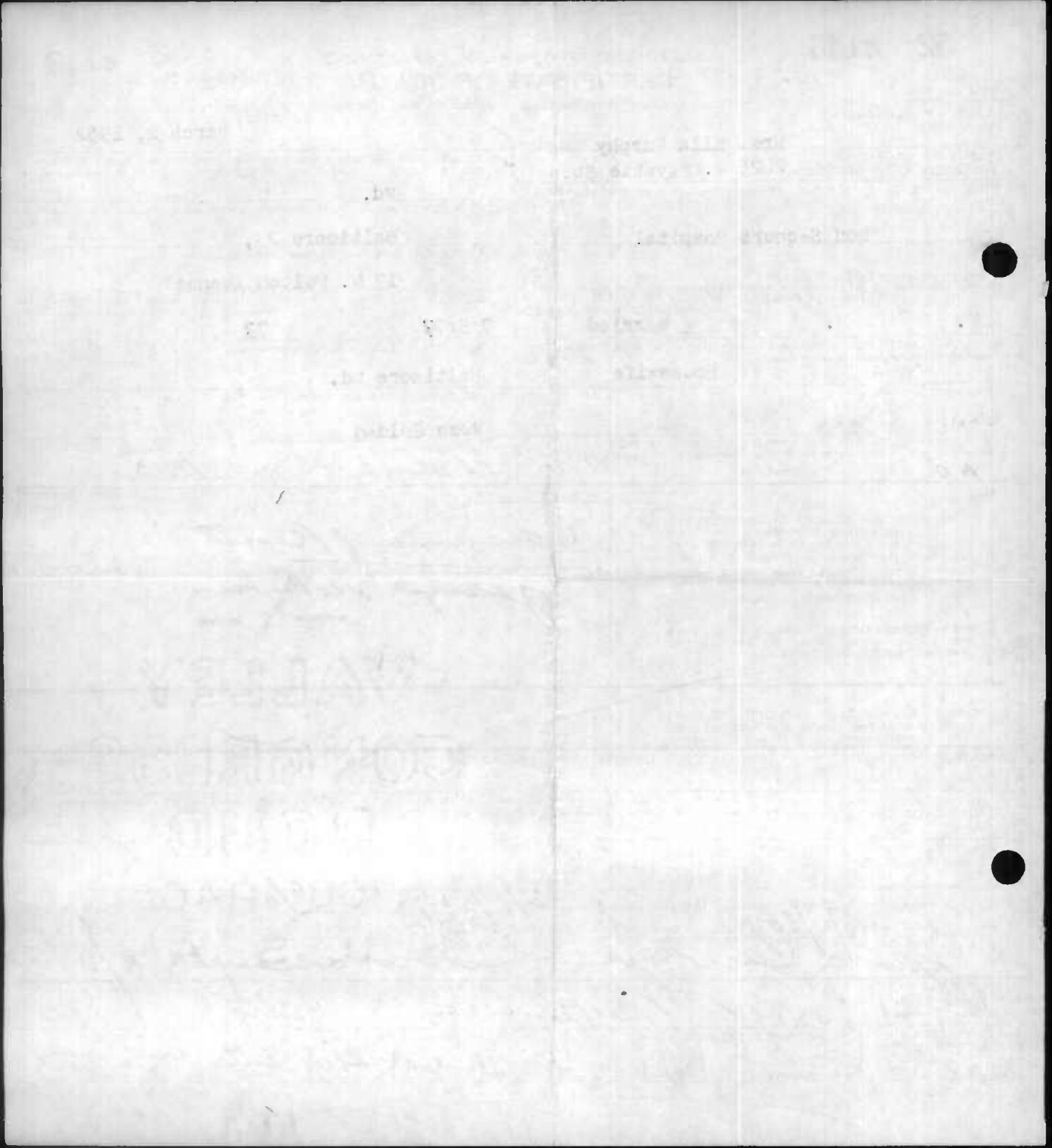
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





52 2144-156801

CERTIFICATE CORRECTED 3-11-52

BALTIMORE CITY HEALTH DEPARTMENT

52 2144

## HEERNER CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

E. nest Heerner

2. DATE  
OF  
DEATH

3-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-10

D. STREET ADDRESS (If rural, give location)

240 S. Bouldin St. -24

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Wid.

8. DATE OF BIRTH

June 2, 1886

9. AGE (In years  
last birthday)

65 6 6

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 560.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute Peritonitis

2wks

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-20-52

19B. MAJOR FINDINGS OF OPERATION

Exploration of Rt. Inguinal Hernia

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1952 to Mar. 1, 1952, that I last saw the  
deceased alive on Mar. 1, 1952, and that death occurred at 1.15AM, from the causes and on the date stated above.

23A. SIGNATURE

G. S. Bogan

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-1-52

24. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/4/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

6067 Harford Rd

MAR 5 - 1952

VS 150

763 4R

122a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

500  
52 2145BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2145  
Registered No.

BIRTH NO.

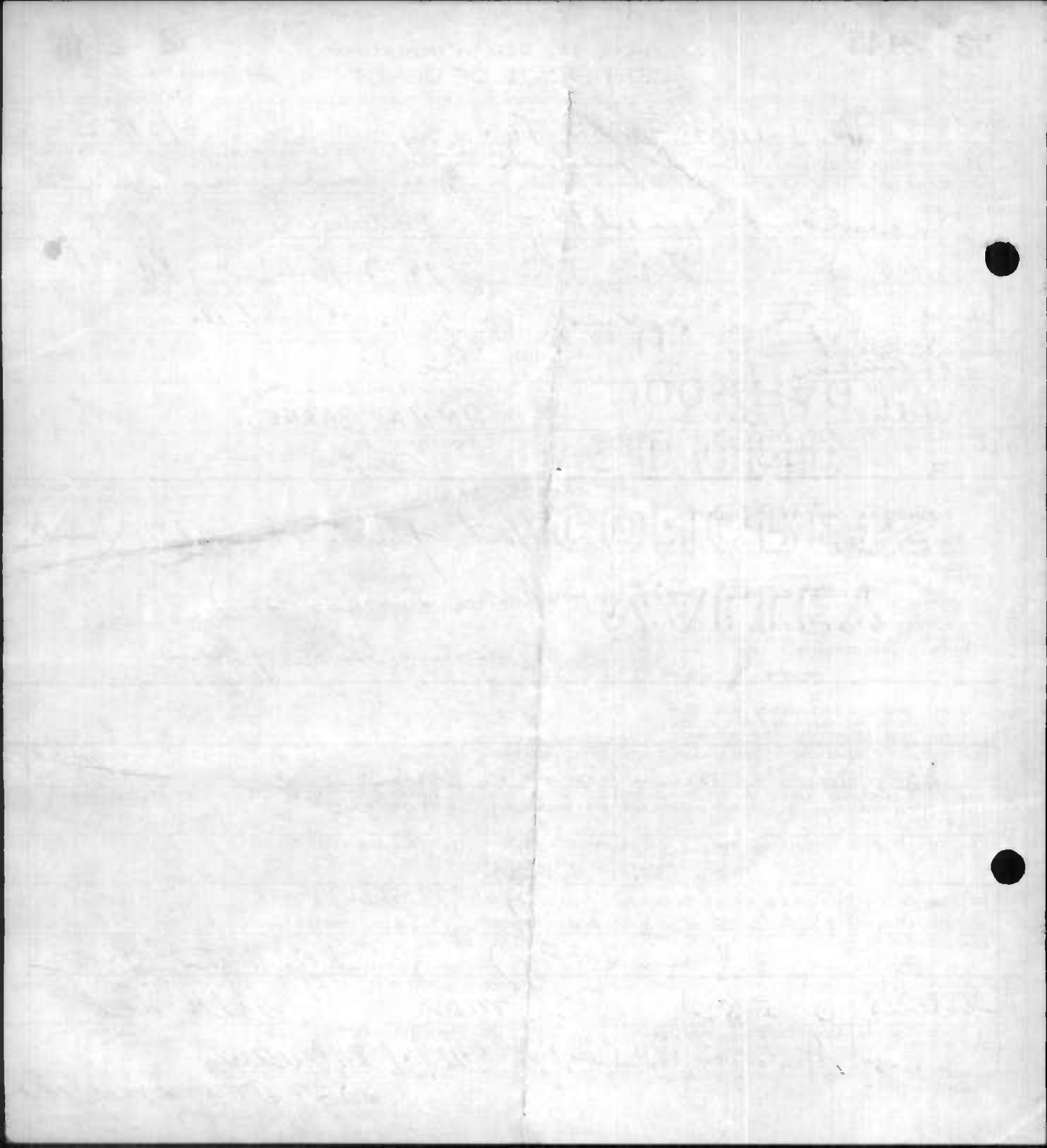
1. NAME OF DECEASED (Type or Print) <b>WILLIAM FRANK TAWNEY</b>		2. DATE OF DEATH <b>3/3/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balt. Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>General Hospital</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-01</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1509 Huntington Rd #15</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 11, 1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) <b>Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>TAVERN KEEPER</b>	
13. FATHER'S NAME <b>William Tawney</b>		14. MOTHER'S MAIDEN NAME <b>ANNA BARNES.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT <b>Wife</b>		ADDRESS <b>—</b>	

18. <b>223X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Post operative Encephalitis</b> DUE TO <b>(Wound infection)</b> DUE TO <b>Meningitis of Brain.</b> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Mar 31, 1952</b>	19B. MAJOR FINDINGS OF OPERATION <b>Meningitis of Brain.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>General Hospital</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>12/2/51</b> , 1951, to <b>3/3/52</b> , 1952, that I last saw the deceased alive on <b>3/3/52</b> , 1952, and that death occurred at <b>64m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Arthur C. Verme</b>	23B. ADDRESS <b>Maryland General Hospital</b>	23C. DATE SIGNED <b>3/3/52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/5/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>	24D. LOCATION (City, town, or county) (State) <b>Balt Md</b>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Williams</b>	ADDRESS <b>6067 Harford Rd 565</b>

MAR 5 1952  
2906M



52 2146

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edith P. Klotz

2. DATE  
OF  
DEATH

5 March 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Univ. of Md. Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Caroline

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ridgeley

D. STREET ADDRESS (If rural, give location)

5500

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Walter Bradley

14. MOTHER'S MAIDEN NAME

Rosella Plummer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Harvey Klotz, Ridgeley, Md.

18. 194X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Thyroid

3 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 1 March, 1952 to 5 March, 1952 that I last saw the deceased alive on 4 March, 1952 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John Metcalf

23B. ADDRESS

2407 Clemons

23C. DATE SIGNED

3-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Mar. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Ridgeley

24D. LOCATION (City, town, or county)

Ridgeley, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

J. King, Jr., Detroit, Mich.

VS 150

55c

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

STATE OF NEW YORK

IN SENATE

January 1, 1900

REPORT OF THE

COMMISSIONER OF HEALTH

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900



52 2147

Dr Franklin 122 Lee St

52 2147

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JENNIE A TAYLOR.

2. DATE  
OF  
DEATH

3-3-52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

768 GEORGE. ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 17-03

D. STREET ADDRESS (If rural, give location)

768. GEORGE. ST.

c. Length of stay in Baltimore

33

5. SEX

FEMALE.

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6-30-1894

9. AGE (In years

last birthday)

57

If Under 1 Year

Months: Days

9 -

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

STANTON, VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

NATHANIEL WILLIAMS.

VA

14. MOTHER'S MAIDEN NAME

MARY. ?

VA.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

WALTER TAYLOR

768 ADDRESS

GEORGE. ST.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage  
Hypertension  
Cor. Dis.attains  
1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1951, to 3/3, 1952, that I last saw the deceased alive on 3/3, 1952, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

122 Lee St

23B. ADDRESS

Dr Franklin

23C. DATE SIGNED

3/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-6-52

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM BALTIMORE

24D. LOCATION (City, town, or county)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WILLIAM A. JACKSON. 916 PENNA. AVE.

VALLEY  
CONCRETE  
BONDING  
CO.

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NO. 10

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640  
5252 2148BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2148

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JESSIE MAE CARROLL (WILLIAMS)</b>			2. DATE OF DEATH <b>3/1/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1121 SHIELDS PLACE</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 17-02</b>		
C. Length of stay in Baltimore <b>15yrs</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1121 SHIELDS PLACE</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>10/29/1925</b>	9. AGE (In years last birthday) <b>26</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			11. BIRTHPLACE (State or foreign country) <b>AYDEN, N.C.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13. FATHER'S NAME <b>HARRY CARROLL</b>			14. MOTHER'S MAIDEN NAME <b>AGNES</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO NONE</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>OSCAR WILLIAMS-1121 SHIELDS PLACE</b>			ADDRESS		

18. <b>002X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Pneumonia (Bilateral)</b> DUE TO (B) <b>Pulmonary T.Bc.</b> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <b>Jan. 7, 1952</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY <b>m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Jan 7</b> , 1952, to <b>Mar 1</b> , 1952, that I last saw the deceased alive on <b>March 1</b> , 1952, and that death occurred at <b>6:45 a.m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Edwin L. Baughman</b>	23B. ADDRESS <b>722 N. Fulton Ave</b>	23C. DATE SIGNED <b>3/4/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>3/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>ARBUTUS MEM'L PK.</b>
24D. LOCATION (City, town, or county) <b>BALTO. COUNTY, MD.</b>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	25. FUNERAL DIRECTOR <b>Chas H. Harper</b>	ADDRESS <b>512 Conwell Ave</b>
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8-15-54

U.S. 84

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT



VALLEY  
CROSSING  
BOND

52 2149

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Lawrence Jones</i>			2. DATE OF DEATH <i>3-1-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>262 North Bruce St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-02</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>262 North Bruce Street</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 31 1889 65</i>		9. AGE (In years last birthday) <i>65</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) <i>Calvert County Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>216-07-5746</i>	17. INFORMANT <i>Adolph H. Byrd</i> <i>21040 David Hill Ave</i>		

18. <i>443 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Congestive Heart Disease</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2 mo</i>  <i>2 years</i>
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 18, 1952* to *Mar 1, 1952*, that I last saw the deceased alive on *Feb 23, 1952*, and that death occurred at *6 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Douglas Sheppard</i>	23B. ADDRESS <i>404 N. Fullorane</i>	23C. DATE SIGNED <i>3/4/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>3/5/52</i>	24B. DATE <i>3/5/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR'S ADDRESS <i>Joseph C. Lively - 661 W. Barr</i> <i>93E St.</i>
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2150

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Jessie Keith Sweeny

2. DATE  
OF  
DEATH

March 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4410 Ethland Avenue

Yrs.  
Mos.  
Days

Length of stay in Baltimore Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4410 Ethland Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 11, 1885

9. AGE (in years

last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?  
U S A

13. FATHER'S NAME

Robert Keith

14. MOTHER'S MAIDEN NAME

Elizabeth Shauck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Clarence Sweeny 4410 Sthland Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Diabetes mellitus

2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Heart Disease

5 yrs.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 1, 1952, to March 3, 1952, that I last saw the deceased alive on March 2, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

M. D.

23B. ADDRESS

4108 Liberty St. S. E.

23C. DATE SIGNED

3/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1952

Huntington Whitehead, D.D.

Burge Funeral Home

3631 Falls Road

VS 150

Norace F. Burge

61

As appearing important - physicians, please write the causes of death clearly and legibly.



100-5860

U.S.A.

Mr Carl L. Chandler  
4108 Liberty Bldg  
Li 7525

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2151  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*John Crawford*

2. DATE  
OF  
DEATH

*3-3-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

*Union Memorial Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

*MD.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*3706 Ridgescroft*

5. Length of stay in Baltimore

5. SEX

*M*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*P*

8. DATE OF BIRTH

*Dec 6, 1865*

9. AGE (In years, last birthday)

*86*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*unknown*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Charles Crawford*

14. MOTHER'S MAIDEN NAME

*May (unknown)*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Charles Crawford same*

18. *331X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Cerebro Vascular Accident*

*4 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

QUE TO

(B)

*General Arteriosclerosis*

*?*

QUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3-1-52*, 19\_\_, to *3-3-52*, 19\_\_, that I last saw the deceased alive on *3-3-52*, 19\_\_, and that death occurred at *6 15* p.m., from the causes and on the date stated above.

23A. SIGNATURE

*William O. Anderson*

23B. ADDRESS

*Union Memorial Hosp.*

23C. DATE SIGNED

*3-3-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Bureau*  
*MAR 5 - 1952*

*Mar 7-1952*

*Mt Carmel*

*Baltimore Md*

*Huntington Williams, Jr.*

*2005 Adams*

RECEIVED BY THE DIRECTOR

GENERAL INVESTIGATIVE DIVISION

WASHINGTON, D. C.

6252 2152

52 2152

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Greggs, Kenneth

2. DATE  
OF  
DEATH

3/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Church Home &amp; Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Steel worker

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Greggs, Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Greggs Katherine

702 E. Street  
Sp. H. and

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Vascular accident

3 hr.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3/52, 1952, to 3/3/52, 1952, that I last saw the  
deceased alive on 3/3/52, 1952, and that death occurred at 2:54 pm., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

M. D.

Church Home &amp; Hospital 3/3/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1952

Huntington Williams, Jr.

Wheat Funeral Home Dundalk

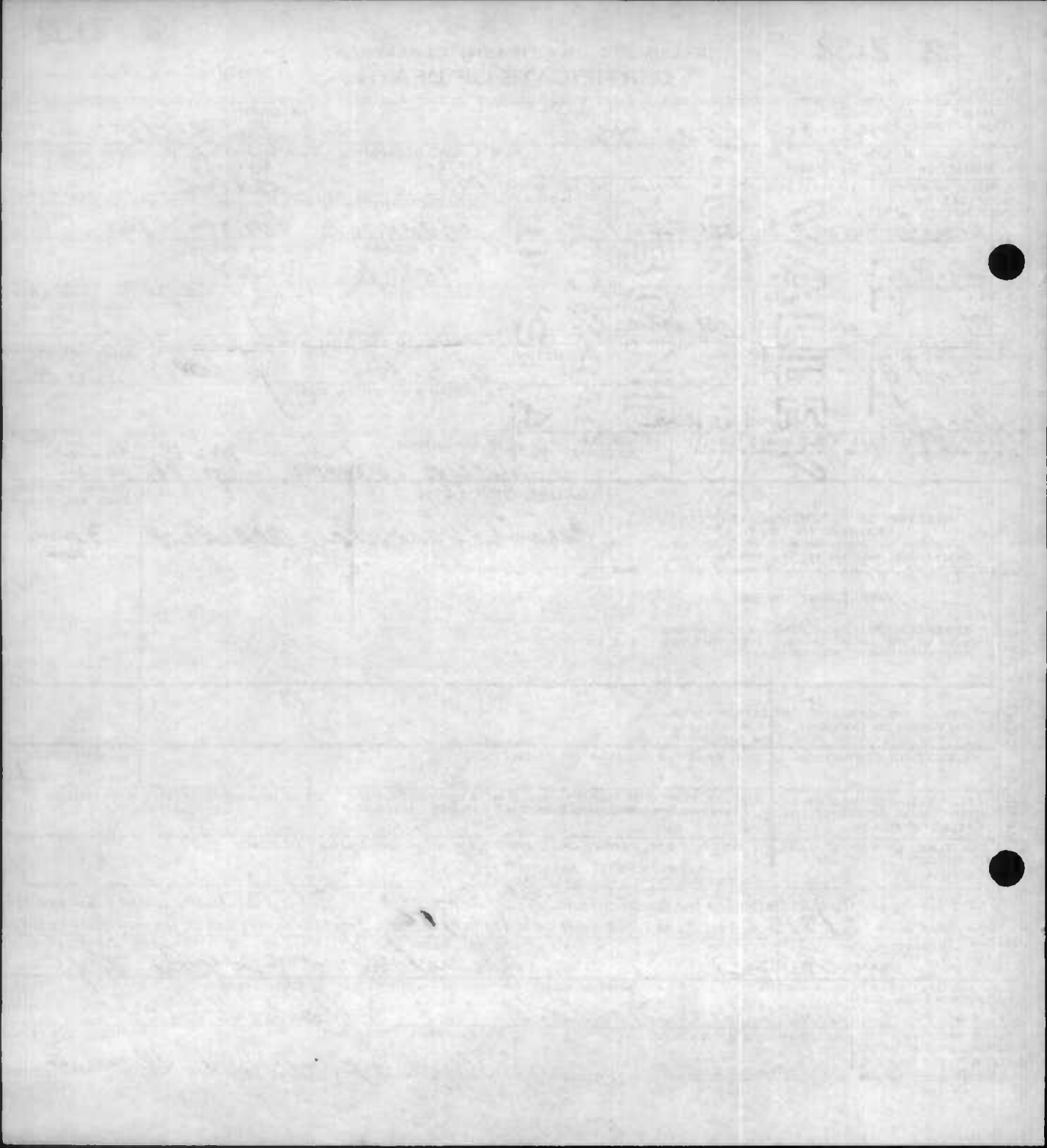
VS 150

690 34

83a

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



20 AB-156595

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2153  
Registered No.

BIRTH NO.

52 2153

1. NAME OF DECEASED  
(Type or Print)

Oleo Bemis A K A Bennis

2. DATE  
OF  
DEATH

3-2-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

632 S. Lehigh St. zone 24

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married (Separated)

8. DATE OF BIRTH

Aug. 20- 1882

9. AGE (In years last birthday)

69

10 Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Helrick (Hetrick)

14. MOTHER'S MAIDEN NAME

Martha McFarland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Records, Baltimore City Hospitals  
4940 Eastern Ave.

18. 491X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia-bilateral

2wks

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic gangrene left foot and leg- 2wks.

19A. DATE OF OPERATION

2-28-1952

19B. MAJOR FINDINGS OF OPERATION

Amputation-Gangrene lt. leg

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-1952, to 3-2-1952, that I last saw the deceased alive on 3-2-1952, and that death occurred at 11:15 AM, from the causes and on the date stated above.

23A. SIGNATURE

J. L. Rogers

23B. ADDRESS

M. D. 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

3-4-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Mar 5 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

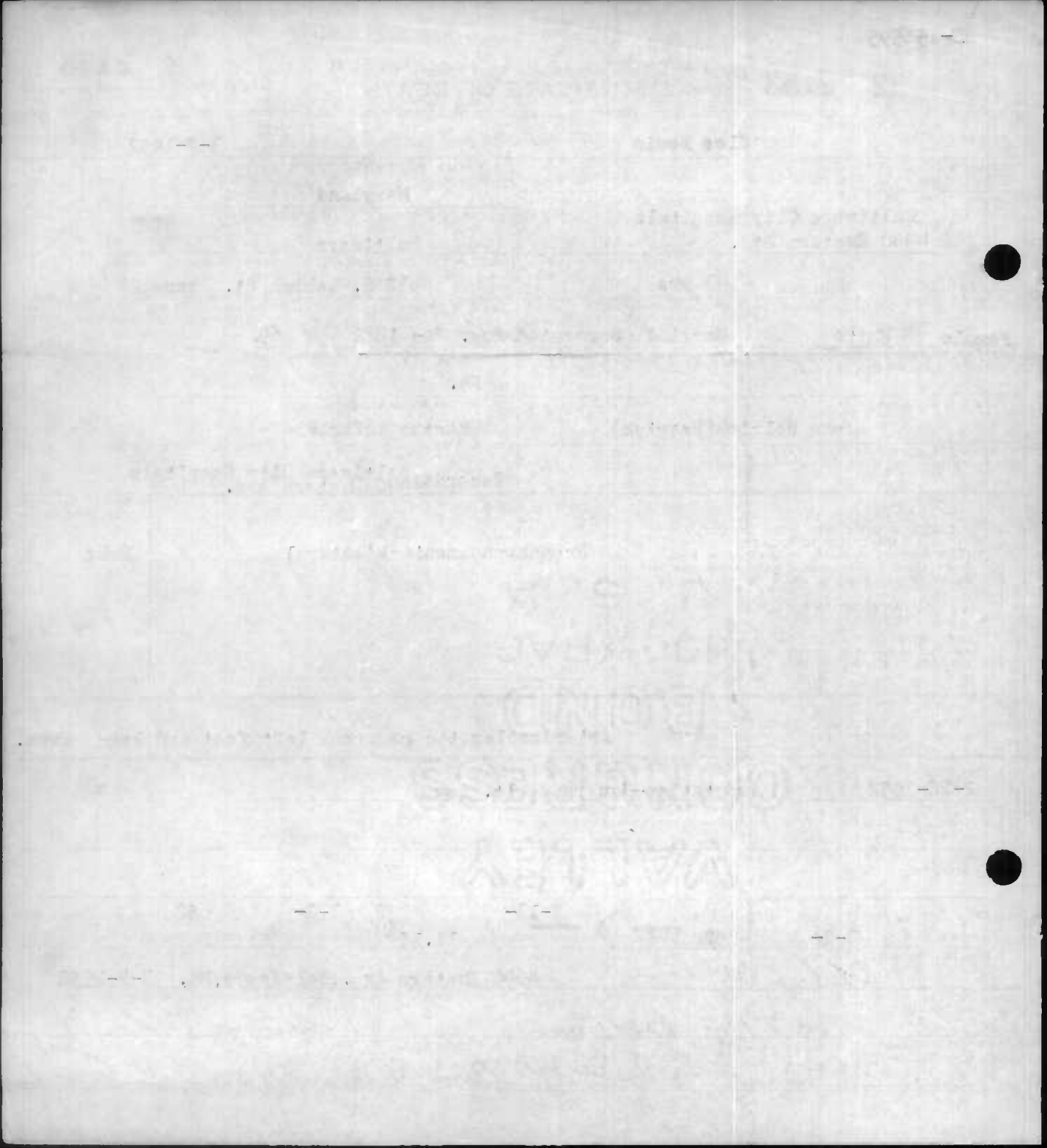
25. FUNERAL DIRECTOR

William H. Hume

ADDRESS

2006







120  
52 2154BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2154

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

VIOLET MATILDA ZEBACK

2. DATE  
OF  
DEATH

March 1, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

121 N. Montford Ave.

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

121 N. Montford Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/17/1905

9. AGE (In years  
last birthday)

46

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm A. GLEARY

14. MOTHER'S MAIDEN NAME

SWOPE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

JOSEPH ZEBACK

ADDRESS 121

N. MONTFORD

18. 171X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Extensive carcinoma of the cervix

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Renal failure

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

B. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23c. DATE SIGNED

March 5, 1952

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

March 5, 1952

24c. NAME OF CEMETERY OR CREMATORY

Parkwood

24d. LOCATION (City, town, or county)

Parkville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 5 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

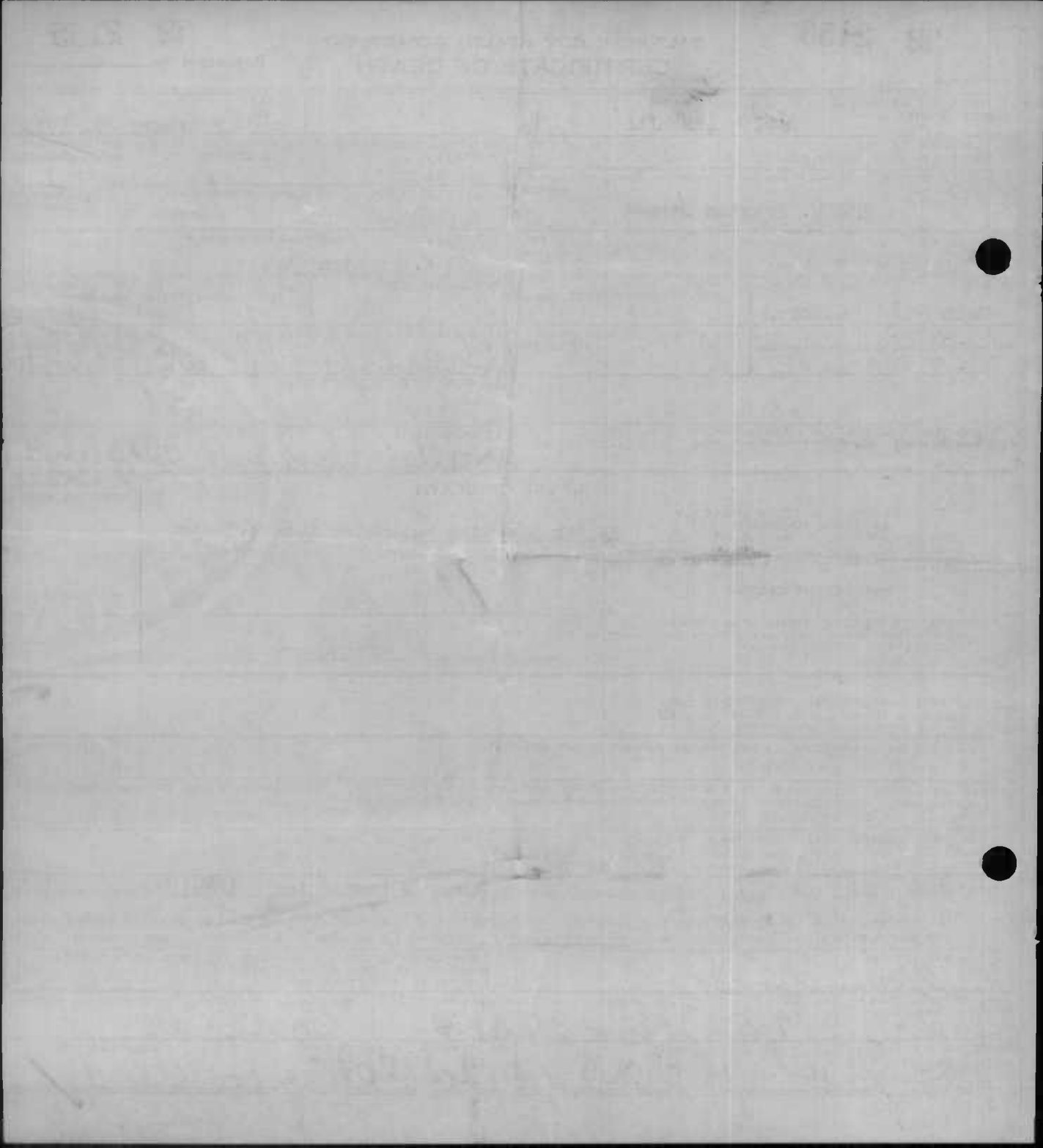
Ulrich Funeral Home, 2008 Orleans Sy.

NOTES 50

NOTES 51







**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland  
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
B. COUNTY

C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX  
6. COLOR OR RACE  
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH  
9. AGE (in years last birthday)  
10. Under 1 Year Months: Days  
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 502.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 28 Oct 1946, to 2 Mar 1952, that I last saw the deceased alive on 2 Mar 1952, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

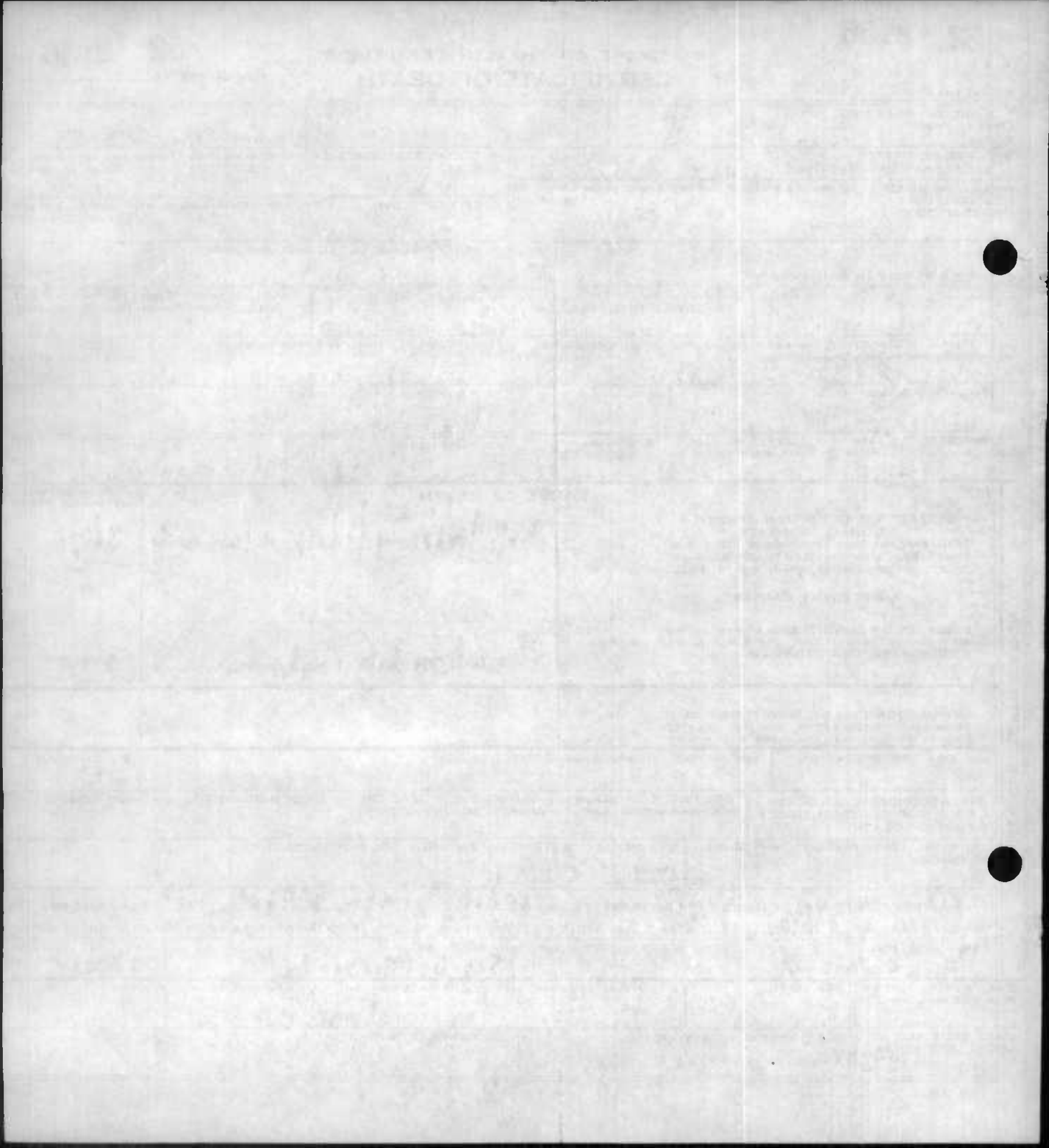
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATION

10612



53052 2157

# KNOTT

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 2157

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)*Thomas Eugene Knott*2. DATE  
OF  
DEATH*March 4, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION*Union Memorial Hospital*

C. Length of stay in Baltimore

*13*Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*MD.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore 138-01*

D. STREET ADDRESS (If rural, give location)

*3306 Lyndale Ave*

5. SEX

*M*

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*M*

8. DATE OF BIRTH

*Dec. 18, 1908*9. AGE (In years,  
last birthday)*43*10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Teacher*10B. KIND OF BUSINESS OR  
INDUSTRY*Auto mfg.*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF  
WHAT COUNTRY?*USA*

13. FATHER'S NAME

*William Daniel Knott*

14. MOTHER'S MAIDEN NAME

*Blanche Ann Carlin*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)*unknown*16. SOCIAL  
SECURITY NO.*217-01-1892*

17. INFORMANT

*Miss Anne Knott*

ADDRESS

*same.*18. *470.0*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) *Coronary Thrombosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Aortic stenosis*

DUE TO

(C) *Arteriosclerotic heart disease*

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

M.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 23, 1952*, to *March 4, 1952*, that I last saw the  
deceased alive on *March 4, 1952*, and that death occurred at *11:22 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Alfred S. Nelson*

23B. ADDRESS

*Union Memorial Hosp.*

23C. DATE SIGNED

*Mar 4, 1952*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*3-7-52*

24C. NAME OF CEMETERY OR CREMATORY

*Oak Lawn Cem.*

24D. LOCATION (City, town, or county)

*Eastern Ave. Balto. Md.*DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 5 - 1952**Huntington Williams, 1120 John A. Miller Inc. 2435 E. Oliver St.*



100

100

100

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RECEIVED BY THE DIRECTOR

DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

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4552 2158

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2158

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

IRENE M. KLINE

2. DATE  
OF  
DEATH

Mar. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Franklin Square Hosp.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 9, 1891

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William H. Wade

14. MOTHER'S MAIDEN NAME

Elizabeth M. Wheeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Edward W. Kline - 1811 W. Dover St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary occlusion  
Arteriosclerotic cardio  
vascular disease

1 hr

4 yrs

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1951, to Mar. 3, 1952, that I last saw the  
deceased alive on Mar. 1, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Homer U. Podd

M. D.

23B. ADDRESS

2108 St Paul St

23C. DATE SIGNED

3/4/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/6/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 5 - 1952

Huntington, William M.

25. FUNERAL DIRECTOR

Wm. J. Dickner &amp; Sons

ADDRESS

Balto., Md 93D

RECEIVED

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32032 2159

52 2159

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Isabel D. Gates

2. DATE  
OF  
DEATH

March 3 '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

C. Length of stay in Baltimore

54

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Div.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

George A. E. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-05

D. STREET ADDRESS (If rural, give location)

2562 Harlem Ave. #16

8. DATE OF BIRTH

Feb. 12, 1898

9. AGE (In years last birthday)

54

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

American

14. MOTHER'S MAIDEN NAME

Jessie Hall

17. INFORMANT

ADDRESS

Mrs. William Baum - 7023 Plymouth Rd.

18. 294X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

5+ yrs.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Polycythemia vera

DUE TO

(nephrosclerosis)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis of nephro kidneys

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 22, 1952 to March 3, 1952, that I last saw the deceased alive on March 3, 1952, and that death occurred at 7 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Jui Lin

M. D.

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

March 3 '52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/7/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. J. C. Schenker &amp; Sons

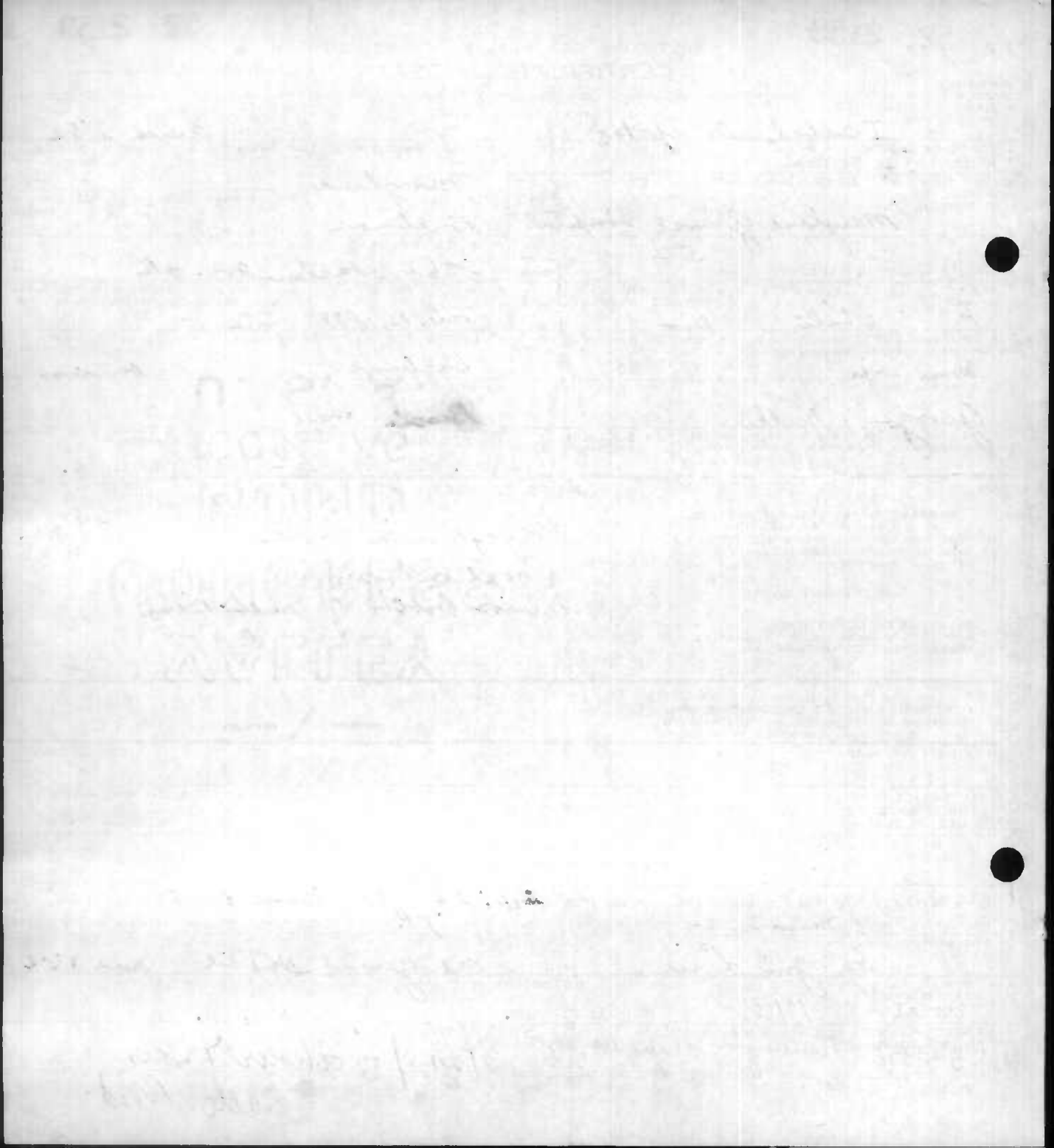
MAR 5 - 1952

VS 150

MEDICAL CERTIFICATION

For the purpose of this certificate, the cause of death must be stated in the space provided for the cause of death. The cause of death must be stated in the space provided for the cause of death.

121a



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2160**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Charles Parker**

2. DATE  
OF  
DEATH

**3-1-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltd. City**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**City Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write IRTA, and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1438 May Creek**

5. SEX

**male**

6. COLOR OR RACE

**Col.**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**married**

8. DATE OF BIRTH

**Aug. 15, 1868**

9. AGE (In years last birthday)

**82**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retiree**

10B. KIND OF BUSINESS OR INDUSTRY

**On General**

11. BIRTHPLACE (State or foreign country)

**Annamundle Co. Md. U.S.A.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Oden Parker**

14. MOTHER'S MAIDEN NAME

**Hannah Young**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Emme Parker 1438 May Ct.**

18. **E.P. 2.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of Pelvis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Retroperitoneal Hemorrhage**  
(C) **Compound Comminuted Fracture of Rt. Tibia & Fibula**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

**Highway**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Route 301, Linthicum**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**Feb. 29, 1952 11:00 P.m.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Ped. Struck by Auto**

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

**William V. Smith**

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED **3-2-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**3-5-52**

24C. NAME OF CEMETERY OR CREMATORY

**Int. Calvary Cem.**

24D. LOCATION (City, town, or county) (State)

**Brooklyn Md**

DATE RECEIVED BY LOCAL REGISTRAR

**MAR 5 - 1952**

REGISTRAR'S SIGNATURE

**Huntington**

25. FUNERAL DIRECTOR

**Clay Wilson 1000 Brontly Rd**

VS 151

N-808.2

170C

MEDICAL CERTIFICATION

Page 52

TABLE 1. 1974-1975

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532  
52 2161BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2161  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Edward Montague</b>			2. DATE OF DEATH <b>2/27/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balt. Md.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>			C. CITY OR TOWN <b>Balto.</b> (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore <b>40 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>613 W. Lanvale St</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>June 8, 1888</b>		
			9. AGE (in years last birthday) <b>63</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mother</b>			11. BIRTHPLACE (State or foreign country) <b>Middlesex County Va.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Steel mill</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>John Montague</b>			14. MOTHER'S MAIDEN NAME <b>Abbie Montague</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

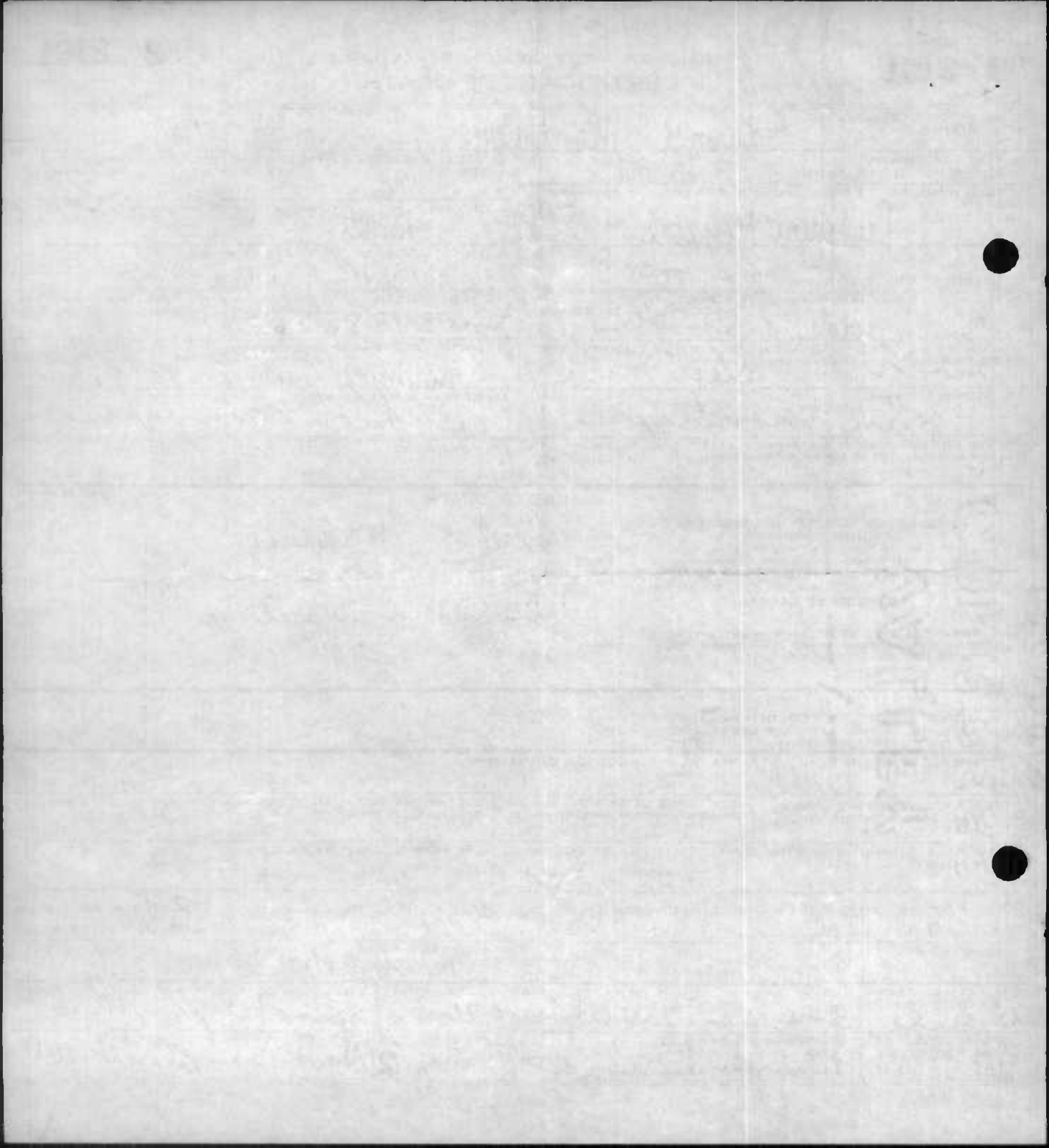
18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> (A) DUE TO <b>Arteriosclerotic Hypertention</b> (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2.26.** 19**52** to **2.27.** 19**52**, that I last saw the deceased alive on **2/27**, 19**52**, and that death occurred at **9:50** p. m., from the causes and on the date stated above.

23A. SIGNATURE <b>L. G. Gorman, M.D.</b>	23B. ADDRESS <b>Provident Hospital</b>	23C. DATE SIGNED <b>3/3/52</b>
--	--	--------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3-5-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>mt alvery cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	FUNERAL DIRECTOR <b>Elmer Wilson</b>	ADDRESS <b>1000 Beauty way</b>



AB-155128  
525162BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2162

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Johnson

2. DATE  
OF  
DEATH

3-1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt. City

B. FULL NAME OF  
HOSPITAL OR INSTITUTE (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

406 N. Caroline St.

c. Length of stay in Baltimore

44yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 19. 1890

9. AGE (In years  
last birthday)

61

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Gen'l

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Johnson (D)

14. MOTHER'S MAIDEN NAME

Columbia ?

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

2wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Lung abscess multiple

DUE TO

1

(C) Carcinoma of Esophagus

3mos.?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-7-1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of esophagus

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27-1951, to 3-1-1952 that I last saw the  
deceased alive on 3-1-1952, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

3-1-1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/5/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Am.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Clay O. Wilson, 1105 Broadway

ADDRESS

CERTIFICATE OF DEATH

NAME OF DECEASED  
AGE  
SEX  
DATE OF BIRTH  
PLACE OF BIRTH  
DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH  
MANNER OF DEATH

STATE OF TEXAS

COUNTY OF DALLAS

SIGNATURE OF DECEASED

SIGNATURE OF WITNESSES

SIGNATURE OF CLERK

SIGNATURE OF JUDGE

SIGNATURE OF SHERIFF

SIGNATURE OF CONSTABLE

SIGNATURE OF JURY

SIGNATURE OF COURT

SIGNATURE OF COUNTY

SIGNATURE OF STATE

632  
52 2163BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2163

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARIE M. KRATZ

2. DATE  
OF  
DEATHTues. March  
4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3 W. Ostell St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife -

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

13. FATHER'S NAME

(P) Decker

4. USUAL RESIDENCE (Where deceased lived, If institution: Residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 23-01

D. STREET ADDRESS (If rural, give location)

3 W. Ostell St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

June 4, 1865

9. AGE (In years  
last birthday)

86

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Giesen, Hesson, Germany

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

(P)

(P)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

Louis Kratz (son)

ADDRESS

Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) mesenteric Thrombosis 5 days  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) arteriosclerosis  
DUE TO

(C) Senility

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary occlusion 1 day

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1952, to March 4, 1952, that I last saw the  
deceased alive on 3/4/52, and that death occurred at 3:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Isaac Miller

M. D.

23B. ADDRESS

1225 Charles St

23C. DATE SIGNED

3/5/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

R. B. Evans

1409 S. Charles St  
Balto 30, Md 94a





correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2164

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARGARET IRENE DEEL

2. DATE  
OF  
DEATH 3-4-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 2 - 1909

9. AGE (In years  
last birthday)

42

10. Under 1 Year  
Months Days

11. Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

Own home.

11. BIRTHPLACE (State or foreign country)

Frederick, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Ira Eaton

14. MOTHER'S MAIDEN NAME

Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Edward E. Deel

ADDRESS  
Box 216 Holly  
neck Rd.

18. 171X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hydronephrosis, bilateral with  
Renal failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

Due to Carcinoma of cervix

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 2-22-1952, to 3-4-1952 that I last saw the  
deceased alive on 3-4-1952, and that death occurred at 4:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

William P. Baldwin, D.

23B. ADDRESS

1400 N. Caroline Street, 13

23C. DATE SIGNED

3-4-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/7/52

Belair Memorial

Belair

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1952

Huntington, Williams, M. P.

Joseph A. Connelly

Cross

VS 150

48a



1945

82

1945



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 2165**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Nellie Y. Frost**

2. DATE OF DEATH  
**MARCH 3 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**Pinecrest SANATARIUM**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore 16-07**

D. STREET ADDRESS (If rural, give location)  
**334 S. Lehigh St.**

c. Length of stay in Baltimore

5. SEX **Female** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH **3/23/1889** 9. AGE (In years last birthday) **62** 11. BIRTHPLACE (State or foreign country) **Baltimore**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY  
**-**

12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME  
**Patrick O'Donovan**

14. MOTHER'S MAIDEN NAME  
**Ella**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Taul Caples, Denver, Colo.**

18. **491X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**Brancho pneumonia - bilateral**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH  
**36 hrs**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **TYPE undetermined**

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Arteriosclerotic Heart Disease  
Generalized Arteriosclerosis**

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 18, 1951** to **MARCH 3, 1952** that I last saw the deceased alive on **MARCH 3, 1952** and that death occurred at **8:40 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE  
**Melvin N. Borden**

23B. ADDRESS  
**5000 Old Frederick Road**

23C. DATE SIGNED  
**3/3/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE  
**3/7/52**

24C. NAME OF CEMETERY OR CREMATORY  
**Secord Heath**

24D. LOCATION (City, town, or county) (State)  
**Baltimore md.**

DATE RECEIVED BY LOCAL REGISTRAR  
**MAR 5 - 1952**

REGISTRAR'S SIGNATURE  
**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR  
**John F. Cronnelly**

ADDRESS  
**Essex**

MEDICAL CERTIFICATION

please write the causes of death clearly and legibly.

2013

RECEIVED

2013



650  
52 2166BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2166

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANDREW

CRUM

2. DATE  
OF  
DEATH

March 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1633 Eastern Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married.

8. DATE OF BIRTH

Oct 12 - 1906

9. AGE (in years  
last birthday)

45

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Real Estate Business

10B. KIND OF BUSINESS OR  
INDUSTRY

Mar. Estates

11. BIRTHPLACE (State or foreign country)

Altoona Penn.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Andrew F. Crum

14. MOTHER'S MAIDEN NAME

Elizabeth Kleinsorgen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Eleanor Crum

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary artery sclerosis

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Dumlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 5, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1952

Huntington Williams M.D.

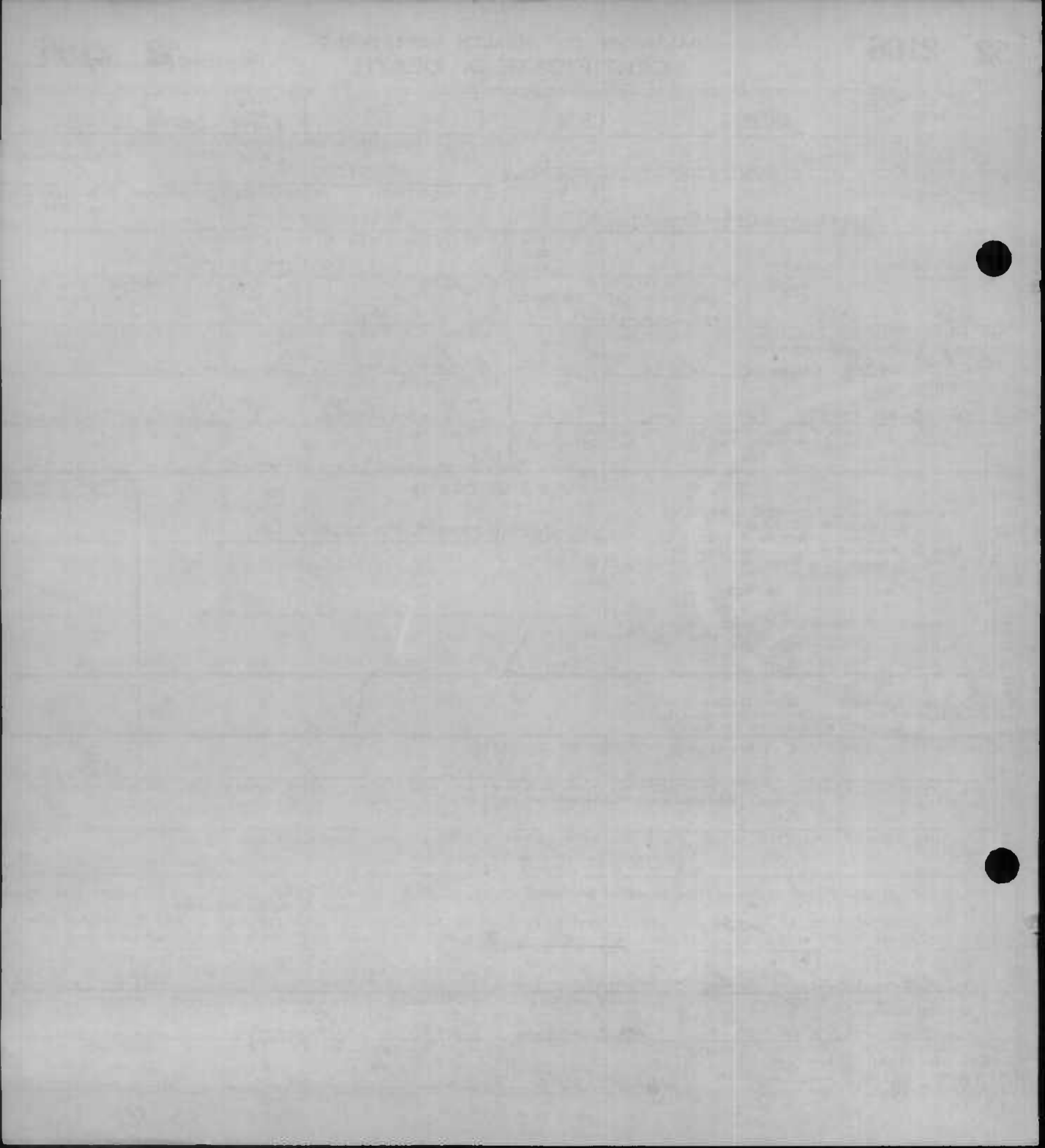
John J. Connelly

418 Eastern Ave.

VS 151

47074

094a Balto. 2 Ward



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2167

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>FRANK EDWARD RUSSELL (MR)</b>		2. DATE OF DEATH <b>3-4-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>36</b> Yrs. <del>Mos.</del> <del>Days</del>		D. STREET ADDRESS (If rural, give location) <b>3823 BEECH AVE.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>FEB. 16, 1915</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNTANT</b>		9. AGE (in years last birthday) <b>37</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Drumming Crystal</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
13. FATHER'S NAME <b>FRANK RUSSELL</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>xxxx no</b>		16. SOCIAL SECURITY NO. <b>213-07-4379</b>	
17. INFORMANT <b>Mrs. Dorothy L. Russell</b>		18. ADDRESS <b>3823 Beech Avenue</b>	

18. <b>416X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>RHEUMATIC HEART DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **FEB. 11**, 19**52**, to **MAR 4**, 19**52**, that I last saw the deceased alive on **MAR 4**, 19**52**, and that death occurred at **9:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Richard K. Beach</b>	23B. ADDRESS <b>Union Memorial Hospital</b>	23C. DATE SIGNED <b>3-4-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>3/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>	ADDRESS <b>BALTO., MD.</b>
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MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52-2168

BIRTH NO. 125

1. NAME OF DECEASED (Type or Print) <b>SEVILLE DAVISON</b>		2. DATE OF DEATH <b>March 3, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2635 Chesterfield Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>47 years</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2635 Chesterfield Avenue</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Apr. 22, 1869</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>82</b>
13. FATHER'S NAME <b>? Chadsey</b>		11. BIRTHPLACE (State or foreign country) <b>Canada</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>none</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
		17. INFORMANT <b>2635 Chesterfield Avenue</b> <b>Mr. Francis W. Davison</b>	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH  (A) <b>Cerebral Hemorrhage</b> DUE TO <b>Arteriosclerosis &amp; Cerebral Sclerosis</b>  (B) _____ DUE TO _____  (C) _____	INTERVAL BETWEEN ONSET AND DEATH  <b>2 days</b>  <b>1 Yr.</b>
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

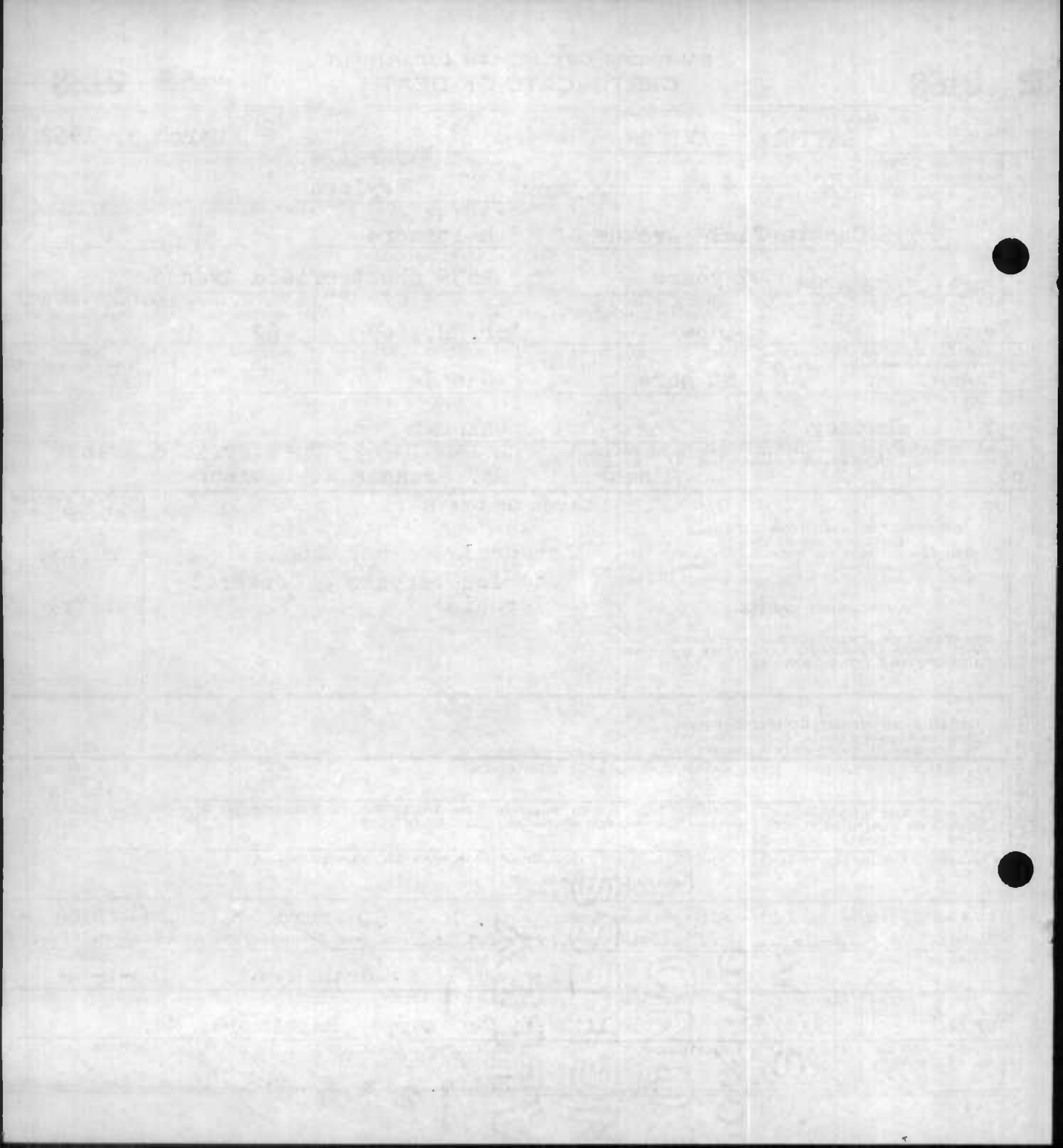
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 5, 1951 to March 3, 1952 that I last saw the deceased alive on 3-2-, 19 52, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Henry Sander &amp; Sons, Inc.</i>	23B. ADDRESS <b>1613 E. North Ave.</b>	23C. DATE SIGNED <b>3-5-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>3/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>	ADDRESS <b>BALTO. 13. MD</b>
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320  
52 2169  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2169

1. NAME OF DECEASED (Type or Print) <i>Charles F. Woods</i>		2. DATE OF DEATH <i>3-4-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto -</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>40 St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>32</i>		D. STREET ADDRESS (If rural, give location) <i>2413 E. Lafayette</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>MARCH 18 1919 32</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sheet Metal Worker Belting and Sign</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME <i>Joseph P. Woods</i>		14. MOTHER'S MAIDEN NAME <i>MARY O'Connell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Mary Woods</i>		ADDRESS <i>2413 E. Lafayette Ave</i>	
18. <i>415X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Plasma Congestive Heart Failure</i> DUE TO <i>Chronic Cardiac - Vascular Disease</i> DUE TO <i>(C)</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/24</i> , 19 <i>52</i> , to <i>3/4</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3/4</i> , 19 <i>52</i> , and that death occurred at <i>8:30 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Geo. W. Fay Jr.</i>		23B. ADDRESS <i>St. Agnes Hosp</i>	
23C. DATE SIGNED <i>3/4/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 8 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>Belair Road</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Geo. B. Schol</i>		ADDRESS <i>1701-03 Patterson Park Ave</i>	

MEDICAL CERTIFICATION

1945 37

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1945 37

PLANT INDUSTRY  
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UNITED STATES DEPARTMENT OF AGRICULTURE

426  
52 2170

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2170  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elmer Walker

2. DATE  
OF  
DEATH

3/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

South Balto. Gen'l Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Balto

Rural

D. STREET ADDRESS (If rural, give location)

5621 Ballman Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/16/1896

9. AGE (In years last birthday)

56

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stationary Engineer

10B. KIND OF BUSINESS OR INDUSTRY

American Ice Co.

13. FATHER'S NAME

(Unknown) Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

16. SOCIAL SECURITY NO.

W. W. #1

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Sophia Ballman

18.

610X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Bilateral hydronephrosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertrophic prostate

DUE TO

years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerosis heart disease

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify, that I attended the deceased from 2-25-52, to 3-4-52, that I last saw the deceased alive on 3-4-52, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Agustin del Campo

23B. ADDRESS

1213 Light St Baltimore

23C. DATE SIGNED

3-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/4/52

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Pak Inc. 217 St. Paul st.

MAR 5 - 1952

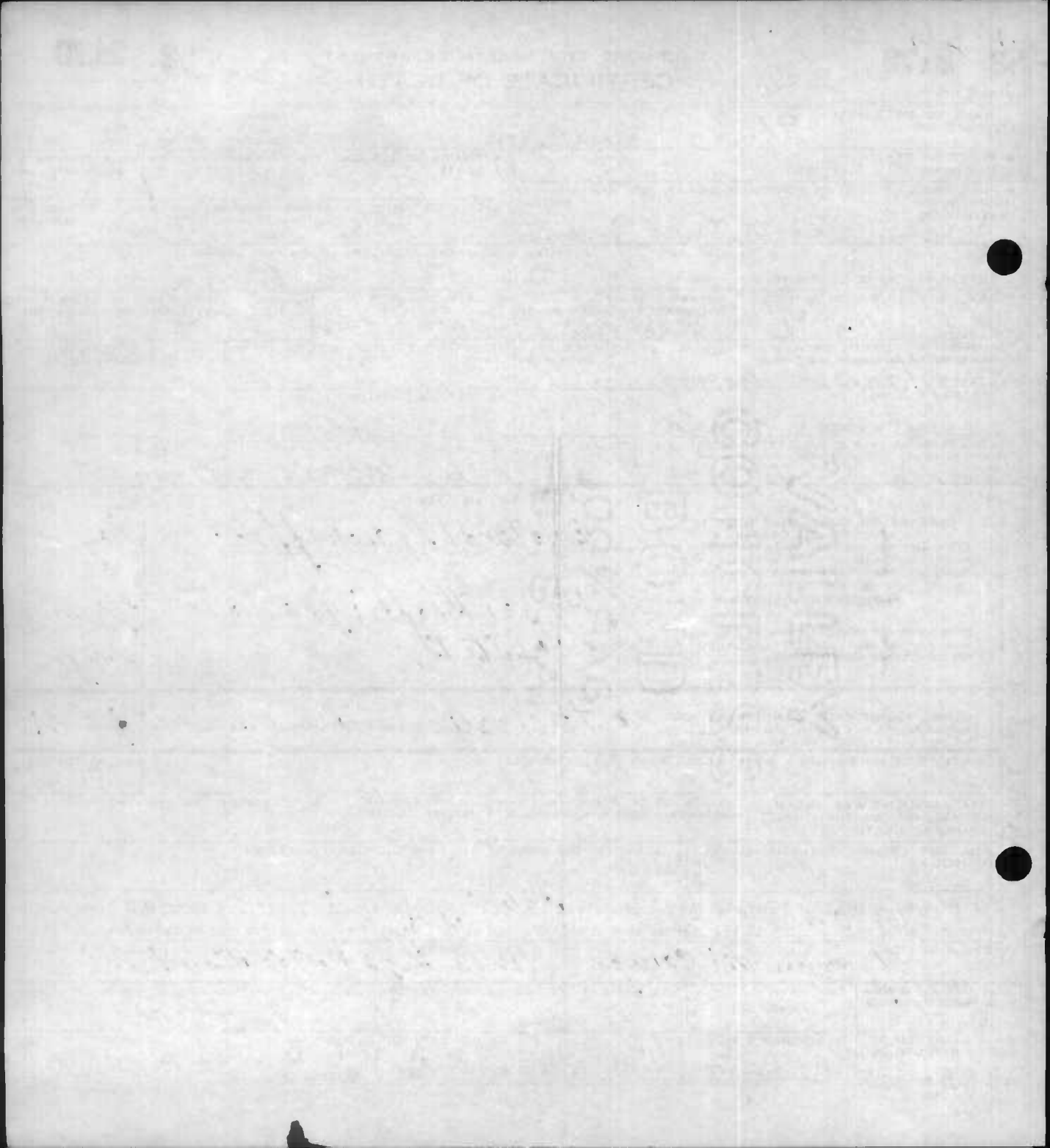
VS 150

58347

937

Correct age is especially important. In infants, please write the causes of death and registry.

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2171  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Louis W. Lind*

2. DATE  
OF  
DEATH

*3/3/52 4:10 a.m.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

*Md.*

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*1032 Wilmot Court*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Balto.*

D. STREET ADDRESS (If rural, give location)

*1032 Wilmot Court*

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Widowed*

8. DATE OF BIRTH

*10/3/1883*

9. AGE (In years  
last birthday)

*68*

10. Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Painter*

10B. KIND OF BUSINESS OR  
INDUSTRY

*Decorating*

11. BIRTHPLACE (State or foreign country)

*Balto. Md.*

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*George Lind*

14. MOTHER'S MAIDEN NAME

*Rosa Schwind*

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL  
SECURITY NO.

*213-03-8147*

17. INFORMANT

ADDRESS

*Louis C. Lind 622 St. Ann's Ave*

18. *DOX*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

*Belated Pulm. T.B.*

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

*4 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from *10 Jan*, 1952, to *9 March*, 1952, that I last saw the  
deceased alive on *2 March*, 1952, and that death occurred at *2 A* m., from the causes and on the date stated above.

23A. SIGNATURE

*S. L. Luef*

23B. ADDRESS

*214 E. Proom St*

23C. DATE SIGNED

*5 March 52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Burial*

24B. DATE

*3/6/52*

24C. NAME OF CEMETERY OR CREMATORY

*Holy Redeemers*

24D. LOCATION (City, town, or county) (State)

*Balto. Md.*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 5 - 1952* *Huntington Williams* *W. B. Bork Inc. 1217 St. Paul St.*

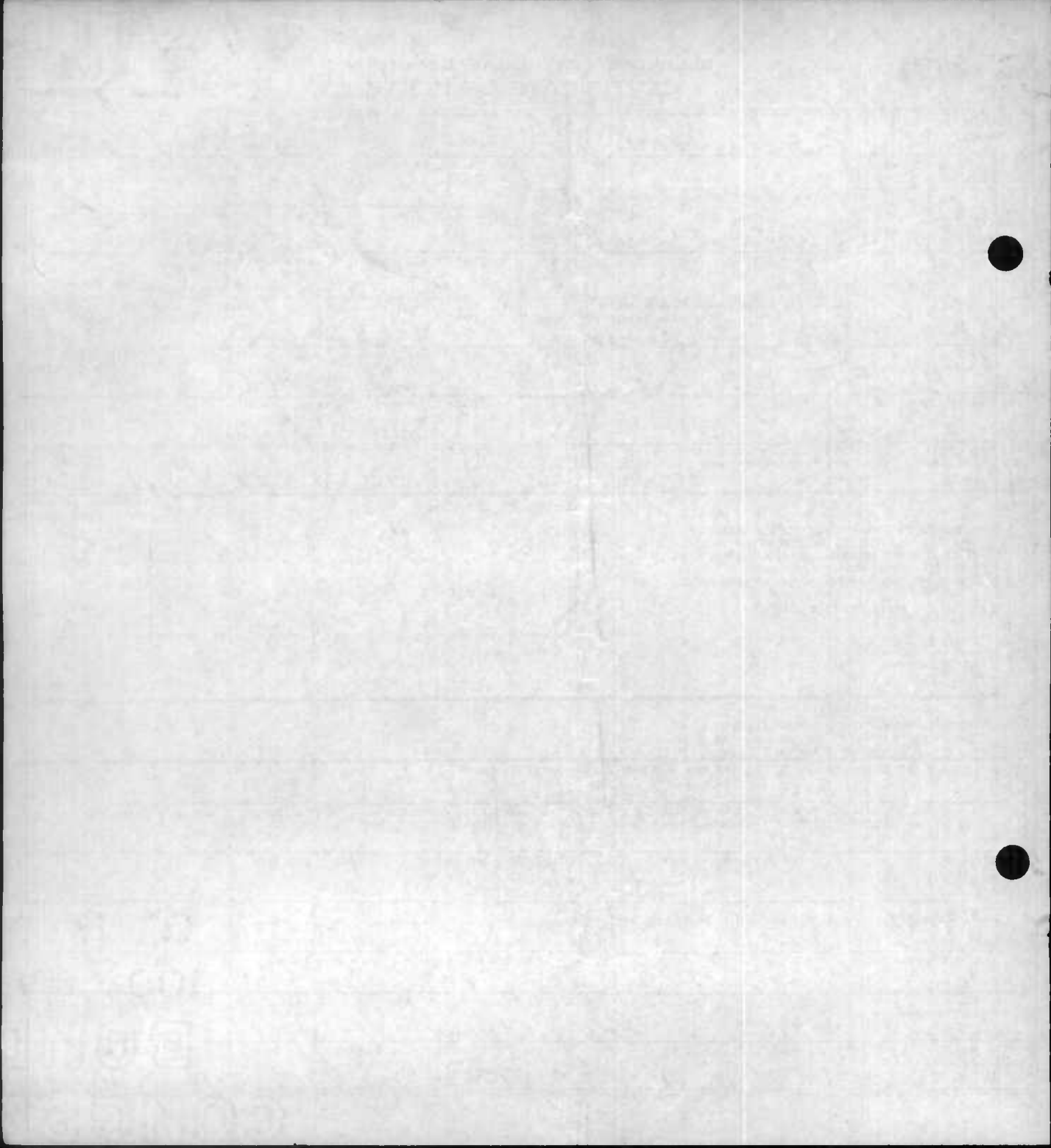
VS 150

*56424*

*12B*

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2172**

**352**  
BIRTH NO. **52 2172**

1. NAME OF DECEASED (Type or Print) <b>Walter S. Adams Sr.</b>		2. DATE OF DEATH <b>3/3/52 3<sup>45</sup> a.m.</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>md</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>522 Harwood Ave</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Balto 21-48</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>522 Harwood Ave</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/3/1882</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Material Inspector</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>City of Balto.</b>	9. AGE (In years last birthday) <b>69</b>
11. BIRTHPLACE (State or foreign country) <b>Harford Co. Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>James W. Adams</b>		14. MOTHER'S MAIDEN NAME <b>Martha V. Councilman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Sophia Adams</b>		ADDRESS <b>522 Harwood Ave</b>	

**CAUSE OF DEATH**

18. <b>I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)  (A) <b>Carcinomatous</b> DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) <b>Benchogetic Carcinoma, ablung</b> DUE TO  (C)	INTERVAL BETWEEN ONSET AND DEATH  <b>3 mos</b>  <b>6 mos</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 21, 1952** to **Mar**, 1952, that I last saw the deceased alive on **Mar 1**, 1952, and that death occurred at **3:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Frederick J. Vollmer</b>	23B. ADDRESS <b>6100 York Rd</b>	23C. DATE SIGNED <b>3-4-52</b>
---	-------------------------------------	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	24D. LOCATION (City, town, or county) (State) <b>Parkville Md.</b>
--	----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>BoK Inc.</b>	ADDRESS <b>1217 St. Paul St.</b>
---	---	---	-------------------------------------



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2173**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**CHARLES F SELL**

2. DATE  
OF  
DEATH

**3/4/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

**MERCY HOSP**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

**BALTIMORE**

D. STREET ADDRESS (If rural, give location)

**5101 UNDERWOOD RD**

c. Length of stay in Baltimore

**25**

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**DIVORCED**

8. DATE OF BIRTH

**12/4/87**

9. AGE (in years, last birthday)

**64**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Shop & Machine for for**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**MD**

12. CITIZEN OF WHAT COUNTRY?

**U.S.**

13. FATHER'S NAME

**CHARLES SELL**

14. MOTHER'S MAIDEN NAME

**MARY MUIR**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

**445**

17. INFORMANT

**HOSP RECORDS**

ADDRESS

18. **Heart**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE**

**?**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/26**, 1952, to **3/4**, 1952, that I last saw the deceased alive on **3/4**, 1952, and that death occurred at **9** <sup>00</sup> <sub>AM</sub> <sup>PM</sup>, from the causes and on the date stated above.

23A. SIGNATURE

**C. E. Ireland**

23B. ADDRESS

**M. O. Mercy Hosp**

23C. DATE SIGNED

**3/4/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

24B. DATE

**3/6/52**

24C. NAME OF CEMETERY OR CREMATORY

**S. S. Peter & Paul**

24D. LOCATION (City, town, or county)

**Cumberland Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**MAR 5 - 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams**

25. FUNERAL DIRECTOR

**Wm. G. G. Inc. 1217 St. Paul St.**

ADDRESS

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EDICAL CERTIFICATION

REPORT OF THE  
COMMISSIONER OF THE  
LAND OFFICE  
IN RESPONSE TO A  
RESOLUTION PASSED  
BY THE SENATE  
JANUARY 1, 1903

ALBANY:  
J. B. LEECH, JR.,  
PRINTERS.  
1903.

THE STATE OF NEW YORK  
IN SENATE  
JANUARY 1, 1903

610  
52 2174

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2174

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>THOMAS J. MURPHY.</b>		2. DATE OF DEATH <b>MARCH 4 1952.</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE CITY,</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>BALTIMORE CITY MARYLAND.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>317 Ilchester Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write it in full and give township) <b>BALTIMORE CITY</b>	
D. STREET ADDRESS (If rural, give location) <b>317 ILLCHESTER AVE.</b>		E. Length of stay in Baltimore <b>LIFE.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 30, 1879</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Funeral Director</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>James Murphy</b>		14. MOTHER'S MAIDEN NAME <b>Annie</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Agnes B. Murphy, 317 Ilchester Avenue</b>		ADDRESS	

18. <b>447X1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ACUTE CARDIAC DILITATION.D.O.A. MARCH 4 1952</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CHRONIC CARDIO NEPHRITIC.</b>		1952
DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>ARTERIOR SCLEROSIS.</b>		
DUE TO		
NONE <b>Stanley K. Denecker</b> M.D. CHIEF OR ASSI. MEDICAL EXAMINER		

19A. DATE OF OPERATION <b>NONE</b>		19B. MAJOR FINDINGS OF OPERATION <b>NONE</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>D.O.A.</b> , 19 <b>52</b> , to <b>MARCH 4</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>D.O.A.</b> , 19 <b>52</b> , and that death occurred at <b>4.30 PM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Chas. J. Denecker</b>		23B. ADDRESS <b>3013 ST PAUL STREET</b>		23C. DATE SIGNED <b>MARCH 4 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>3/7/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		24E. FUNERAL DIRECTOR <b>Willingham, Williams, M.P. &amp; Son, Inc.</b>		24F. ADDRESS <b>1217 St. Paul Street</b>	

VS 150

APPROVED BY MEDICAL EXAMINER.

054FF

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



FILE 86

CONFIDENTIAL

FILE 86

[Faint, mostly illegible text covering the majority of the page, possibly bleed-through from the reverse side. The text is organized into several paragraphs and includes some headings that are difficult to decipher.]



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2175  
Registered No.

BIRTH NO.

(EDWARD J. COURCHESNE)

1. NAME OF DECEASED  
(Type or Print)

BROTHER DIDYMOUS C.F.X.

2. DATE  
OF  
DEATH

3/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

ST AGNES HOSPITAL

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MD

B. COUNTY

BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 25-01

D. STREET ADDRESS (If rural, give location)

MT. ST. JOSEPH College

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

JULY-22-1890

9. AGE (In years last birthday)

61 yrs?

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BROTHER

10B. KIND OF BUSINESS OR INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

MASSACHUSETTS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ISRAEL COURCHESNE

14. MOTHER'S MAIDEN NAME

Julia LeBonnie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

RECORDS & XAVIERIAN BROS. FREDERICK AVE.

ADDRESS

18. 451X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Ruptured Dissecting Aneurysm.

(B)

DUE TO

Generalized arteriosclerosis Hypertension

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/28, 1951, to 3/4, 1952, that I last saw the deceased alive on 3/3, 1951, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John C. Healey

M. D.

23B. ADDRESS

St Agnes Hosp

23C. DATE SIGNED

3/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/6/52

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL CEM.

24D. LOCATION (City, town, or county)

BALTO

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

CHARLES E. EVANS & SON

ADDRESS

118 W. Mt. Royal Ave.

VS 150

0788W

96

MEDICAL CERTIFICATION

Physicians, please write the causes of death clearly and legibly.

1. 1. 1. 1.

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10-15-58 BY 1043  
EXCEPT WHERE SHOWN  
OTHERWISE

APPROVED FOR RELEASE  
DATE 10-15-58 BY 1043

420  
52 2176BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2176

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GALICKI

Mrs Anna

2. DATE  
OF  
DEATH

March 4 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home &amp; Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5723 Kenwood Ave 5300

C. Length of stay in Baltimore

30 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7-1888

9. AGE (in years  
last birthday)

64

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

ZERANSKI, Mr Stanley

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

? - Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Son (T.J. Glibicki) 57

18. 443X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive Cardiovascular  
disease

4 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1952 to March 4, 1952 that I last saw the  
deceased alive on March 4, 1952 and that death occurred at 10A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

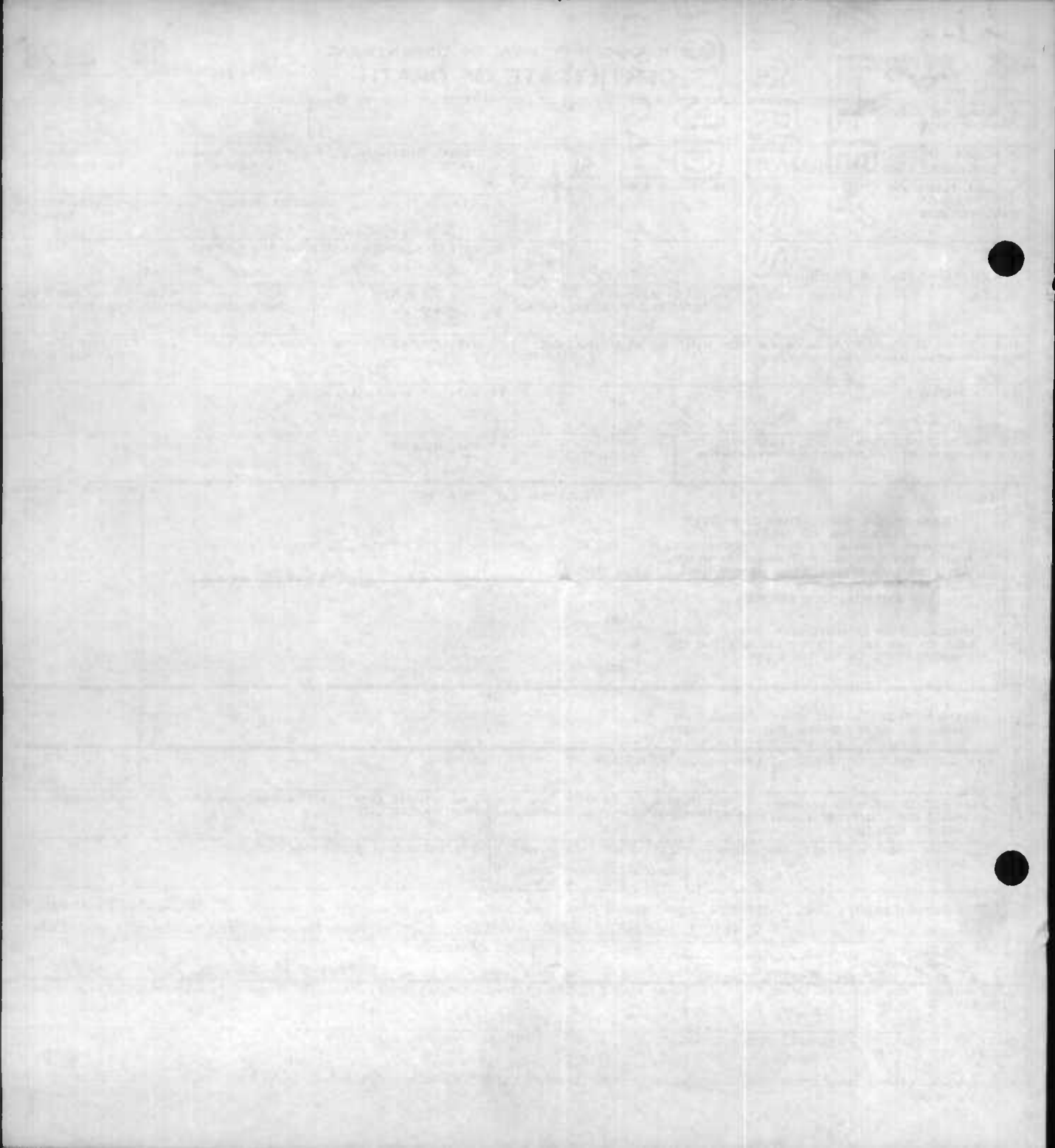
ADDRESS

MAR 5 - 1952

VS 150

1952

93D



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 58-2177

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Adams, Jean Edna

2. DATE  
OF  
DEATH

March 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3142 Foster Ave.

C. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-8-30

9. AGE (in years  
last birthday)

21

If Under 1 Year  
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William

14. MOTHER'S MAIDEN NAME

Catherine H. Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine Adams - same

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Adrenal Insufficiency -  
cause undetermined.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 21, 1952, to March 4, 1952, that I last saw the deceased alive on March 4, 1952, and that death occurred at 12:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

C. V. Coffey, Jr.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

March 4, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Burial  
3-8-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto - Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 5 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zaitch 403 Dr. Neap St

CERTIFICATE OF DEATH

BEFORE THE DEATH OF THE DECEASED

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Burial Officer

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Interment

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial



445  
52 2178BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2178

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CLAUDE J. WILHELM

2. DATE  
OF DEATH 3-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION St. Paul Conv. HomeYrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1875

9. AGE (in years  
last birthday)

76

10 Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Dewitt Ridell

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mr. John M. Wilhelm-413 E. 22nd St.

18.

501X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchial Pneumonia

5 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Bronchitis

3 weeks

DUE TO

II

(C) Arteriosclerosis

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1952, to Mar. 3rd, 1952, at 1 last saw the  
deceased alive on Mar. 3, 1952, and that death occurred at 12:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

401 E. 25th. St. Balto. Md.

3/5/52.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3-6-52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1952

VS 150

WIEDFELD AND SON  
GREENMOUNT AVE & 22nd ST.

107



THE JOURNAL OF THE  
ROYAL ANTHROPOLOGICAL INSTITUTE  
LONDON

1871-1872  
VOLUME 1

4-256199  
32 2179BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2179

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Phillip Gleason

2. DATE  
OF  
DEATH

2-28-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1651 W. North Ave. zone 17

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 15-1872

9. AGE (In years,  
last birthday)

79

10 Under 1 Year  
Months: Days11 Under 24 hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

Maryland Balto.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Roger Gleason

14. MOTHER'S MAIDEN NAME

Winifred unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 491X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

Over  
1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-1952, to 2-28-1952, that I last saw the  
deceased alive on 2-28-1952, and that death occurred at 1. P m., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Gleason

23B. ADDRESS

M. D. 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

3-5-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Burial 3/7/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 5 - 1952

VS 150

John F. Cowan & Son  
2177  
93D

8-5-19

DEATH CERTIFICATE  
OF DEATH

DATE OF DEATH

1919

NAME

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

SEX

DATE OF DEATH

AGE

PLACE OF BIRTH

SEX

DATE OF DEATH

AGE

PLACE OF BIRTH

SEX

CAUSE OF DEATH

DATE OF DEATH

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

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DATE OF DEATH

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

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DATE OF DEATH

AGE

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DATE OF BIRTH

PLACE OF BIRTH

SEX

DATE OF DEATH

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

SEX

DATE OF DEATH

AGE

SEX

530  
52 2180BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2180

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph T. Smith</i>		2. DATE OF DEATH <i>3/5/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>21-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1200 Highland Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1200 Highland Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9/13/1888</i>
10A. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <i>Paper Hanger</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	9. AGE (in years, last birthday) <i>63</i>
13. FATHER'S NAME <i>Joseph T. Smith</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>-</i>		14. MOTHER'S MAIDEN NAME <i>Mary M. O'Hara</i>	
18. <i>527.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cor Pulmonale</i>		17. INFORMANT <i>Mrs Mary M. Smith, 1200 Ave</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Emphysema, chronic</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec 18, 1945</i> to <i>March 5, 1952</i> that I last saw the deceased alive on <i>3-1, 1952</i> and that death occurred at <i>7:40 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>John P. Unbeck, Jr.</i>		23B. ADDRESS <i>1227 Wash. Blvd</i>	
23C. DATE SIGNED <i>3-5-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/8/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>London Park Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>3801 Frederick Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>John J. Cowan &amp; Son</i>		ADDRESS <i>Hollins St.</i>	

0815 52

TRANSMITTED BY AIR MAIL  
TO THE DIRECTOR OF THE  
BUREAU OF THE ARMY

0815 52



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2181**

**421**  
**52 2181**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CLYDE GRIFFIN GILLESPIE</b>		2. DATE OF DEATH <b>March 5, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>125 Cheapside Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>Dec. 6, 1889</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Engineer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	9. AGE (In years last birthday) <b>62</b>
13. FATHER'S NAME <b>Charles Griffin Gillespie</b>		14. MOTHER'S MAIDEN NAME <b>Mattie Lucas</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>John M. Oakey, Inc.</b>		ADDRESS <b>-318 Church Ave., S.W. Roanoke 7, Va.</b>	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Duncanson</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>March 5, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>Mar. 5, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Sherwood Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Roanoke Co., Va.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. J. Dickerson &amp; Sons</i>	ADDRESS <b>Barto. Md</b>
---	---	---	-----------------------------

**VS 151**  
**541 50**

Correct use of this form is essential for the accurate recording of vital statistics. Please write the causes of death in full, giving the organ or system affected, and the nature of the disease or condition causing death.

MEDICAL CERTIFICATION

*[Faint, illegible handwriting on lined paper]*

1912 5 10 1912 5 10 1912 5 10



52360  
2182

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2182  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Henry T Ritter

2. DATE  
OF  
DEATH

3-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hosp

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3721 Manchester Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer (Turbo)

10B. KIND OF BUSINESS OR INDUSTRY

Steel Industry

13. FATHER'S NAME

Jacob I. Ritter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.  
216-10-2173

14. MOTHER'S MAIDEN NAME

Ida Virginia Franklin

17. INFORMANT

ADDRESS

Mrs. Pearl L. Ritter - 3721 Manchester Av

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Myocardial infarction

DUE TO

(B)

acute pulmonary edema

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1952, to 3-3, 1952, that I last saw the deceased alive on 3-3, 1952, and that death occurred at 6A m., from the causes and on the date stated above.

23A. SIGNATURE

Manning - Romero

23B. ADDRESS

Lutheran Hosp

23C. DATE SIGNED

3-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Elkridge, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 5 - 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thos. J. Lickner & Sons

VS 150

5833A

Balto Md 94a



54  
52 2183BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2183

BIRTH NO.

## 1. NAME OF DECEASED

(Type or Print)

William H. Arnold

2. DATE  
OF  
DEATH

3/4/52

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hosp.

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3231 Pelham Ave.

## 5. SEX

M.

## 6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

## 8. DATE OF BIRTH

Dec. 4, 1876

9. AGE (in years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Candy maker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

## 13. FATHER'S NAME

Henry Arnold

## 14. MOTHER'S MAIDEN NAME

Belle Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
no16. SOCIAL SECURITY NO.  
no

## 17. INFORMANT

ADDRESS

Miss Marie Arnold - 3231 Pelham Ave.

18. 422.1 and E903.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Anterior Myocardial Infarction  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_CERTIFICATION APPROVED BY  
Stanley H. D. M. D.  
CHIEF OF ASST. MEDICAL EXAMINER.II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

Bad left heart

6 days

## 19A. DATE OF OPERATION

## 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3231 Pelham Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

2/27/52.

P m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

fell on my

22. I hereby certify that I attended the deceased from 2/27, 1952, to 3/4, 1952, that I last saw the deceased alive on 3/4, 1952, and that death occurred at 1:20 P.m., from the causes and on the date stated above.

## 23A. SIGNATURE

## 23B. ADDRESS

## 23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

## 24B. DATE

## 24C. NAME OF CEMETERY OR CREMATORY

## 24D. LOCATION (City, town, or county)

(State)

Burial

3/8/52

Balto. Cem.

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

## REGISTRAR'S SIGNATURE

## 25. FUNERAL DIRECTOR

## ADDRESS

MAR 5 - 1952

Huntington Williams, M.D.

26 Km.

Vickner &amp; Sons

VS 150

N-820.0

Balto Md 93)

1813

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1813

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

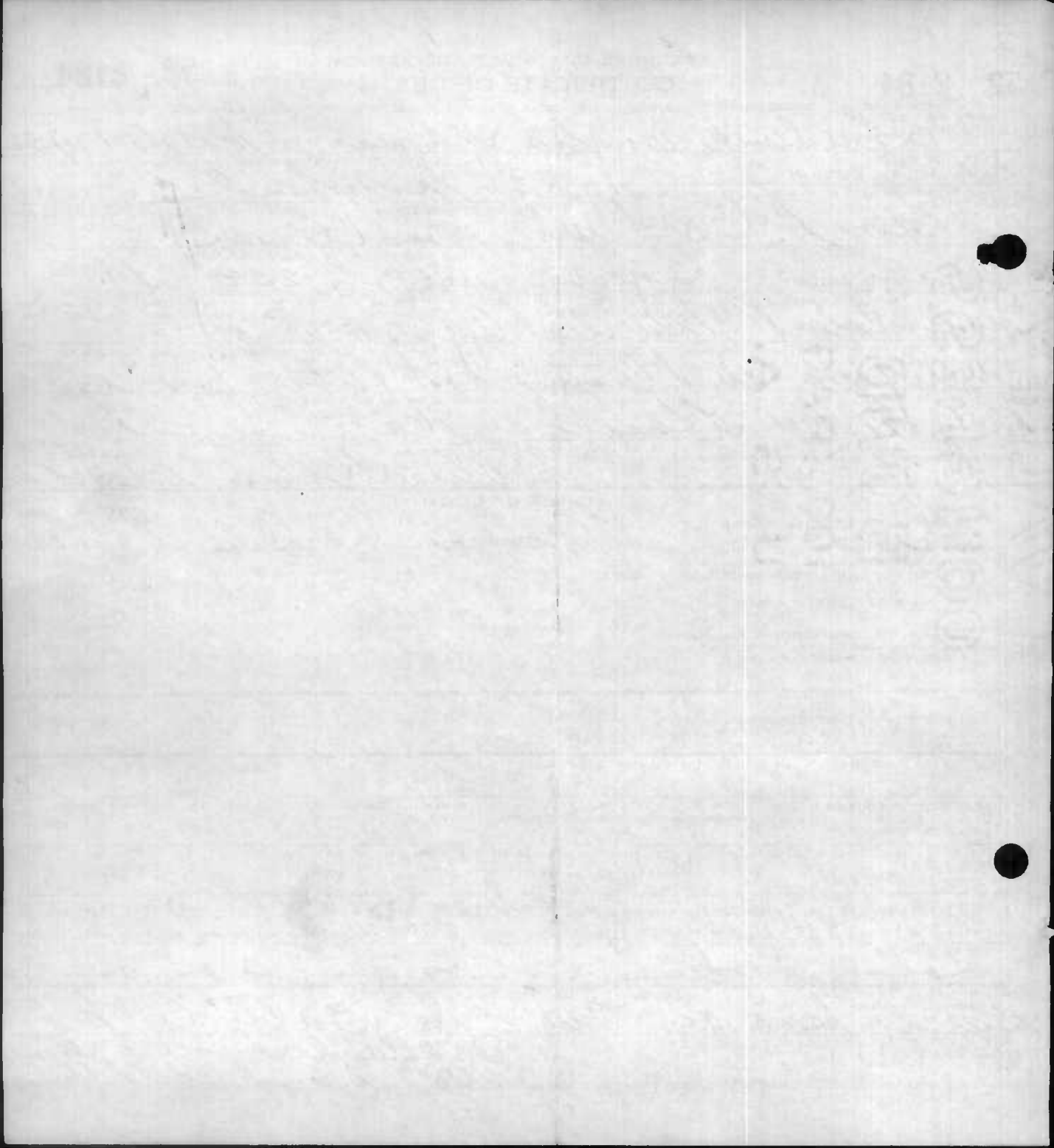
Registered No. **52 2184**

**520**  
**52 2184**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Frederick Douglas Thomas</b>			2. DATE OF DEATH <b>March 1, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>12-04</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>428 E. 23rd St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>3 years</b>			D. STREET ADDRESS (If rural, give location) <b>428 E. 23rd St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 29, 1896</b>		9. AGE (In years last birthday) <b>55</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>U. S. Customs</b>		11. BIRTHPLACE (State or foreign country) <b>Port Lihem, Miss.</b>	
12. FATHER'S NAME <b>Kiley Fisher Thomas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. MOTHER'S MAIDEN NAME <b>Kate Jones</b>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Alma F. Thomas</b>
			ADDRESS <b>428 E. 23rd St.</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b>		CAUSE OF DEATH <b>Coronary Occlusion</b>	INTERVAL BETWEEN ONSET AND DEATH <b>10 Jan.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Feb 20, 1952</b> to <b>Mar 1, 1952</b> , that I last saw the deceased alive on <b>Mar 1, 1952</b> and that death occurred at <b>8:20</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Lois G. Jones</b>		23B. ADDRESS <b>2329 Guilford St.</b>		23C. DATE SIGNED <b>Mar 5-1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>Mar 5, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Bldg. Co. Md.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Shulland Funeral Home</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		ADDRESS <b>2027 Druid Hill Ave.</b>	





BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

52 2185 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MAE Casagrande</b>		2. DATE OF DEATH <b>3-3-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, 14</b>	
c. Length of stay in Baltimore <b>2 1/2 yrs</b>		D. STREET ADDRESS (If rural, give location) <b>7829 High Point Road</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 19-1928</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own home.</b>	9. AGE (In years last birthday) <b>23</b>
13. FATHER'S NAME <b>Rudolph Joseph Kretz</b>		14. MOTHER'S MAIDEN NAME <b>Amelia Heule</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
17. INFORMANT <b>Mrs. Mm Casagrande</b>		ADDRESS <b>same</b>	

18. <b>410X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <b>Acute pulmonary edema</b> (A) <b>Acute pulmonary edema postpartum etiology undetermined</b> DUE TO (B) <b>Rheumatic heart disease with mitral stenosis</b> DUE TO (C) <b>Term pregnancy delivered</b>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <b>3-2-1952</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3-2-1952</b> to <b>3-3-1952</b> , that I last saw the deceased alive on <b>3-3-1952</b> , and that death occurred at <b>11:22pm</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William P. Baldwin</b>		23B. ADDRESS <b>1400 N. Caroline Street -13</b>		23C. DATE SIGNED <b>3-4-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	24D. LOCATION (City, town or county) (State) <b>Balto Md</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5-1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>L. J. Luck</b>		ADDRESS <b>5305 Hayford</b>	

1 5 2 0 0 0 2 1 8 3

150c

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



DECISION Comm. on Maternal Mortality

THESE ARE THE RESULTS OF THE INVESTIGATION

CONDUCTED BY THE COMMITTEE

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52 2186

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2186  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harry W Breyer (Brier)

2. DATE  
OF  
DEATH

3-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

830 W. Baltimore St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

830 W. Baltimore St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Clarence E. Breyer, 804 Hollins St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiovascular Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

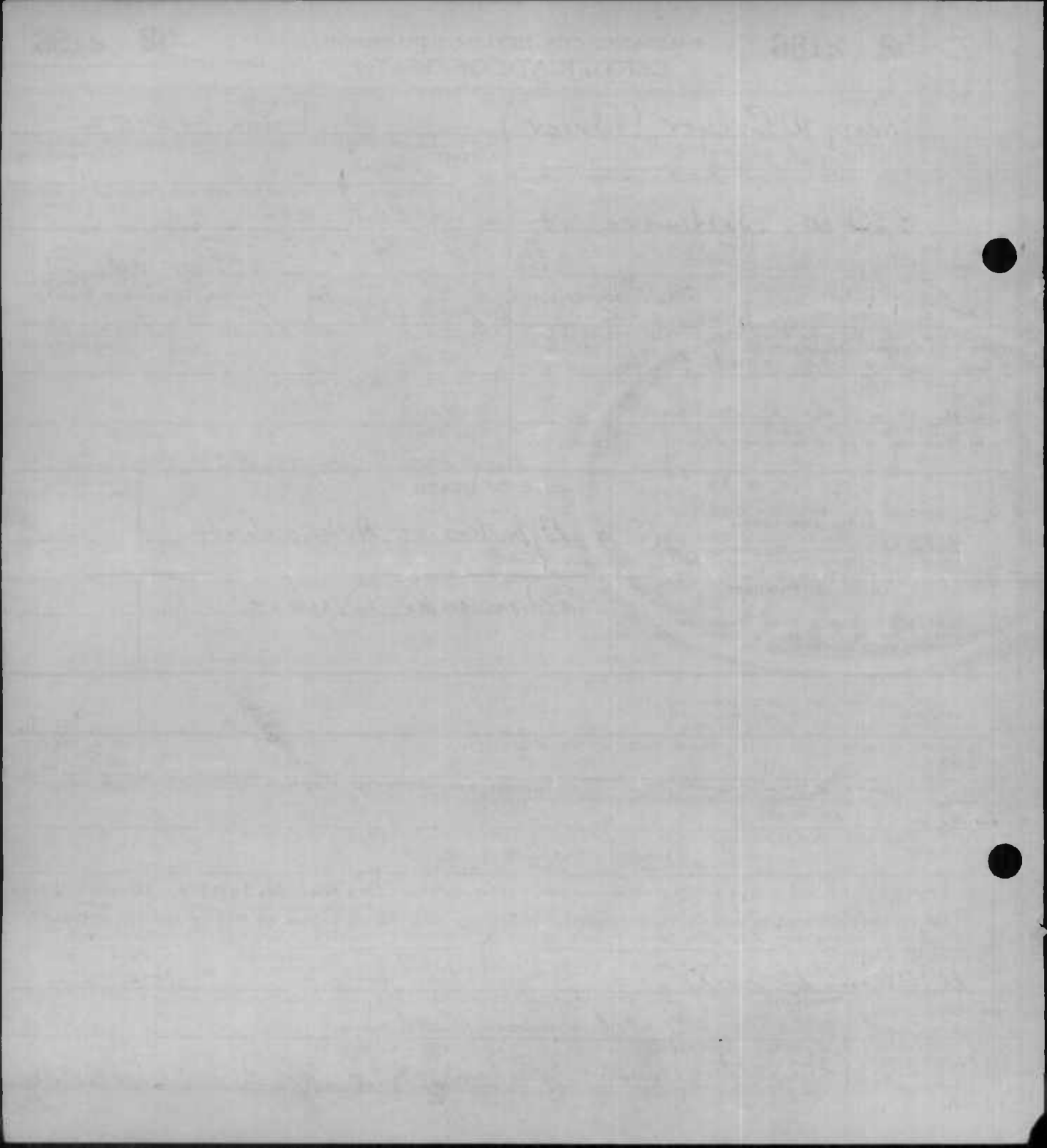
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52

2187

CERTIFICATE CORRECTED

4-4-52

52

2187

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

ND-22453

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Alice Price</b>			2. DATE OF DEATH <b>1st Mar. 3, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals 4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore 26-12</b>		
c. Length of stay in Baltimore <b>14 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>B.C.H. 4940 Eastern Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 25, 1867</b>	9. AGE (In years last birthday) <b>84</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <b>?</b>			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			12. CITIZEN OF WHAT COUNTRY?		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME <b>?</b>		
17. INFORMANT <b>Baltimore City Hospitals Records: 4940 Eastern Avenue</b>			ADDRESS <b>✓</b>		

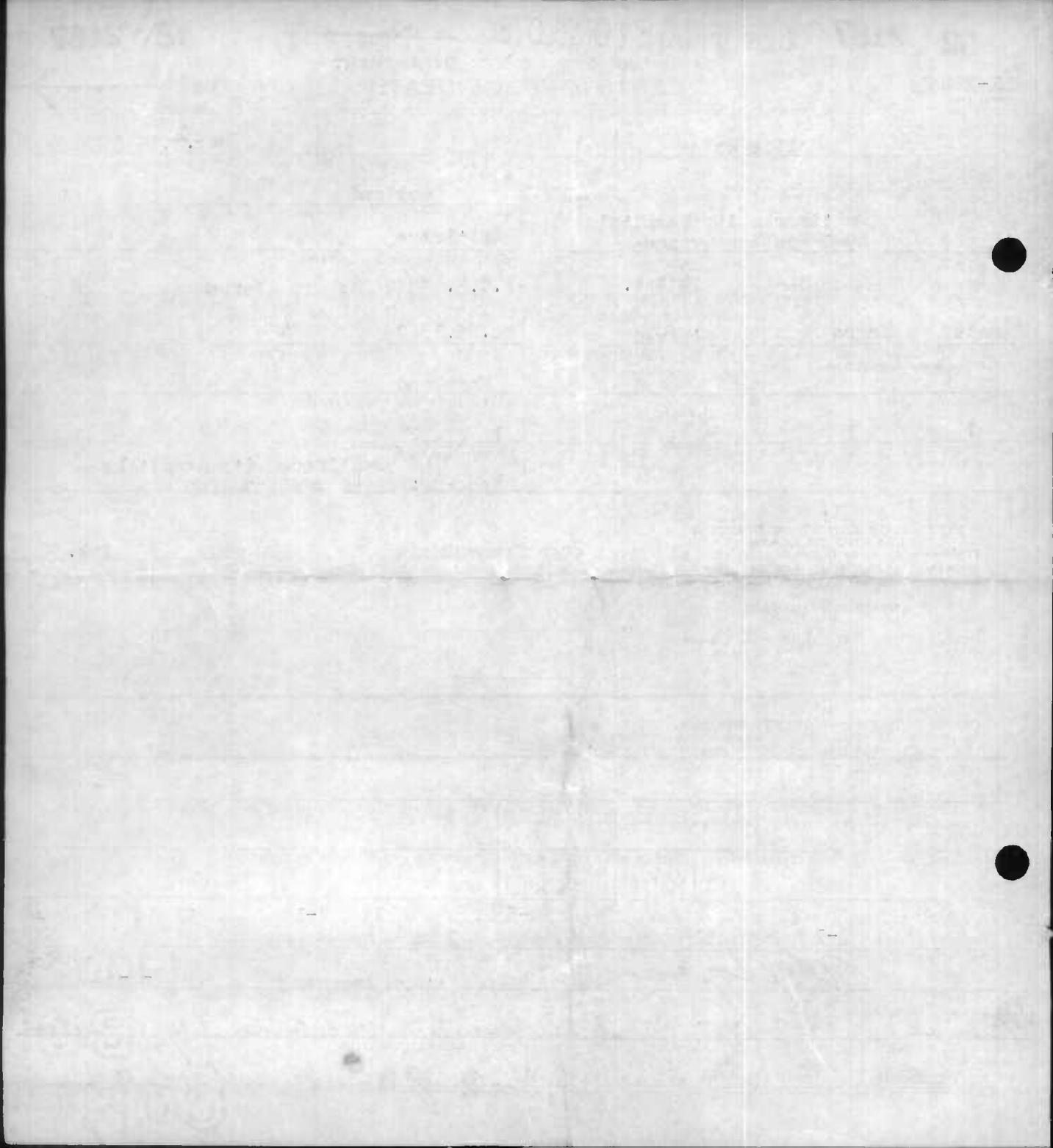
18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Bronchopneumonia</b> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>3-1</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>4-5</b> , 1937, to <b>3-1</b> , 1952, that I last saw the deceased alive on <b>3-1</b> , 1952, and that death occurred at <b>2 a.m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>R. L. Rozen</b>	23B. ADDRESS M. D. <b>4940 Eastern Avenue</b>	23C. DATE SIGNED <b>3-5-52</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3-7-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mount Auburn Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore City Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 5 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Loose's Green 408 Collard ave</b>	

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340  
52 2188BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2188  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Joseph O'Toole

2. DATE  
OF  
DEATH

Mar. 4-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3003 Pinewood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Parkton

D. STREET ADDRESS (If rural, give location)

Mt. Carmel Road.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 20-1882

9. AGE (In years  
last birthday)

69

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Church Radio Announcer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael O'Toole

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nellie L. O'Toole, Parkton Md.

18. 179X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

G. V. Carcinoma

DUE TO

Indefinite

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Bilateral. mitral. a. angulation.  
Generalized Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-18, 1952 to 3-4, 1952, that I last saw the  
deceased alive on 2-18, 1952, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph L. Pina M. D.

8400 Rock Haven Blvd

3-4-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/6/52

Gruid Ridge

Baltimore, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1952

Huntington Williams, Jr.

J. J. Rust

85205 Hayford

Dr. Lapua



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2189**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Ada M. Ritter*

2. DATE  
OF  
DEATH

*Mar. 5-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

*4700 Harford Road*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 27-44*

D. STREET ADDRESS (If rural, give location)

*3008 White Avenue*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *422.1*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) *Cardio-vascular Disease*

DUE TO

(B) *Arteriosclerosis General*

DUE TO

(C) *Chronic Cerebral Sclerosis*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2-6-52*, 19*52*, to *3-4-52*, 19*52*, that I last saw the deceased alive on *3-4-52*, 19*52*, and that death occurred at *11:30 P* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*C. C. Simon*

M. D.

*2074 E. Belvedere Ave*

*3-5-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 6 - 1952*

*Huntington Williams, Jr.*

*H. J. Burt*

*5305 Harford*

MEDICAL CERTIFICATION

931

Dr. Sima  
Bel + Woodt.

120  
52 2190BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2190

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louis F. Spice</i>		2. DATE OF DEATH <i>3-2-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore #23</i>	
6. Length of stay in Baltimore <i>20</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>349 S. Pulaski St #23</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <i>Oct. 19, 1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>not known</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>McLane Storage Co.</i>	9. AGE (In years last birthday) <i>59</i> If Under 1 Year Months: Days: <i>4 12</i> If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Michigan</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Charles Spice</i>		14. MOTHER'S MAIDEN NAME <i>Alice Brownson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>presumably not</i>		16. SOCIAL SECURITY NO. <i>216-16-8411</i>	
17. INFORMANT <i>pt himself before he expired</i>		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>177X Hemorrhage from prostatic fossa</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>done</i> (B) <i>perineal prostatectomy</i> (C) <i>carcinoma prostate</i>		2-21 <i>not known</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>abscess in prostatic fossa</i>		<i>since operation</i>	
19A. DATE OF OPERATION <i>2-21-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Ca prostate hemorrhage and abscess in prostatic fossa</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-1</i> , 1952, to <i>3-2</i> , 1952, that I last saw the deceased alive on <i>3-2</i> , 1952, and that death occurred at <i>3:40 P</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>J R Hartman</i>		23B. ADDRESS <i>University Hosp</i>	
23C. DATE SIGNED <i>3-3-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-6-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 6-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington, Williams</i>	
25. FUNERAL DIRECTOR <i>Frank A. Cole</i>		ADDRESS <i>1913 N. Baltimore</i>	

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THE UNIVERSITY OF CHICAGO  
LIBRARY

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WATKINS

342  
52 2191BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2191

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>DORA SCHETLICH</b>			2. DATE OF DEATH <b>MARCH 4, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>5440 BELAIR ROAD</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 18-03</b>		
c. Length of stay in Baltimore <b>70 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>1101 W. BALTIMORE ST.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT 29, 1870</b>	9. AGE (In years, last birthday) <b>81</b>	10. Under 1 Year Months: Days <b>4 5</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME DUTIES</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>RICHMOND, VA.</b>	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>HERMANN RAABE</b>		
14. MOTHER'S MAIDEN NAME <b>ELIZABETH B. SCHMIDT</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NONE</b>		
16. SOCIAL SECURITY NO. <b>NONE</b>			17. INFORMANT ADDRESS <b>HERMAN SCHETLICH, 1101 W. BALTO. ST.</b>		

18. **422 1 and E903.0**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

## CAUSE OF DEATH

(A) **ARTERIOSCLEROTIC** GIVEN BY  
CERTIFICATION APPROVED BY  
**R. F. Sherr** M.D.  
CHIEF OR ASST. MEDICAL EXAMINER.

## (C)

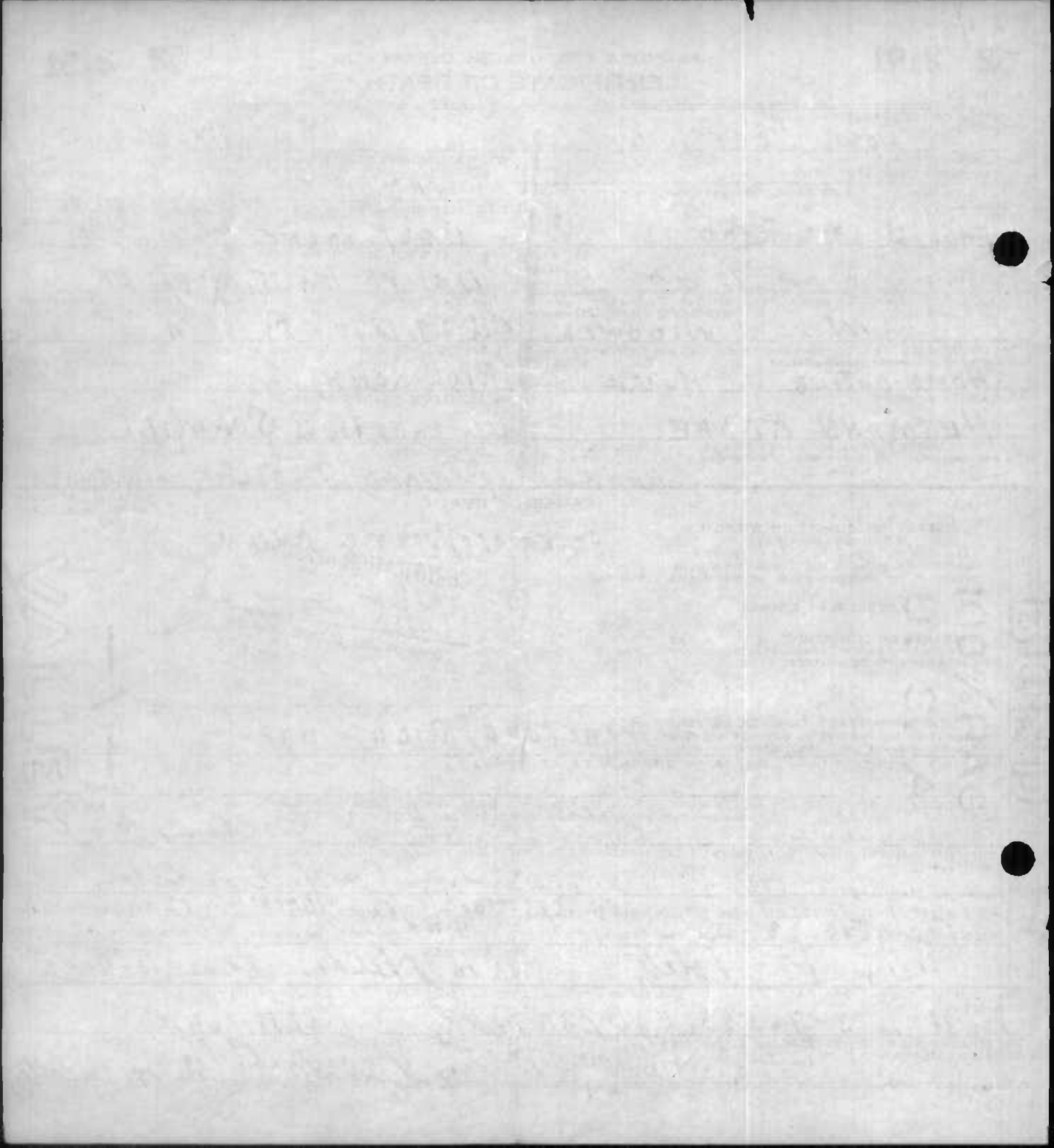
**FRACTURE RIGHT HIP**

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>accident</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1101 W. Baltimore St.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct. 30 1951 m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>slipped &amp; fell to floor</b>	
22. I hereby certify that I attended the deceased from <b>DECEMBER 28, 1952</b> to <b>MARCH 4, 1952</b> , that I last saw the deceased alive on <b>FEB. 28, 1952</b> , and that death occurred at <b>4:00 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Thelma P. Cole</b> M.D.		23B. ADDRESS <b>4200 Sheldon Avenue</b>		23C. DATE SIGNED <b>3-4-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>SERIAL</b>		24B. DATE <b>3-7-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>LOUDON PARK</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE</b>		25. FUNERAL DIRECTOR ADDRESS <b>1913 W. Balt.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			

VS 150

N-820.1





correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2192  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Alfred Nottingham</b>		2. DATE OF DEATH <b>3-5-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Pa.</b> B. COUNTY <b>Phil</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Univ. of Md. Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Philadelphia</b>	
c. Length of stay in Baltimore <b>1 mo</b>		D. STREET ADDRESS (If rural, give location) <b>4804 Chester Av.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>6-12-94</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baggage Master</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>R.R. (B+O)</b>	9. AGE (In years last birthday) <b>57</b>
11. BIRTHPLACE (State or foreign country) <b>Va.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Thomas Nottingham</b>		14. MOTHER'S MAIDEN NAME <b>Ella Wyatt</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Roseanne Nottingham</b>		ADDRESS <b>Pennsylvania</b>	
18. CAUSE OF DEATH <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Posterior Infarction</b> DUE TO <b>(B) c. 2 days</b> INTERVAL BETWEEN ONSET AND DEATH <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(C)</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3-5-52</b> , 19 <b>52</b> , to <b>3-5</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3-5</b> , 19 <b>52</b> , and that death occurred at <b>2:10 P.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>John S. Metcalf</b>		23B. ADDRESS <b>2407 Clavier Ave.</b>	
23C. DATE SIGNED <b>3-5-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3-22-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Salerno M &amp; Co</b>		24D. LOCATION (City, town, or county) (State) <b>Pocomoke City Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR <b>At Home 2503 E. ...</b>		ADDRESS <b>304 50</b>	



STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Signature of Physician		10. Signature of Registrar		11. Signature of Medical Examiner		12. Signature of Coroner	
13. Signature of Funeral Home		14. Signature of Burial Place		15. Signature of Cemetery		16. Signature of Interment	
17. Signature of Health Officer		18. Signature of County Clerk		19. Signature of State Registrar		20. Signature of State Health Officer	

52 2193

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2193

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Jones

2. DATE  
OF  
DEATH

3.4.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1392 W. North Ave

c. Length of stay in Baltimore

35

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3.15.1897

9. AGE (In years last birthday)

54

If Under 1 Year  
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

217-12-6280

17. INFORMANT

ADDRESS

18. 434.11

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Congestive H. Failure

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about house, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-2, 1952 to 3-4, 1952 that I last saw the deceased alive on 3-4, 1952 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6-1952

Huntington Williams, M.D.

George H. Kelson 1303

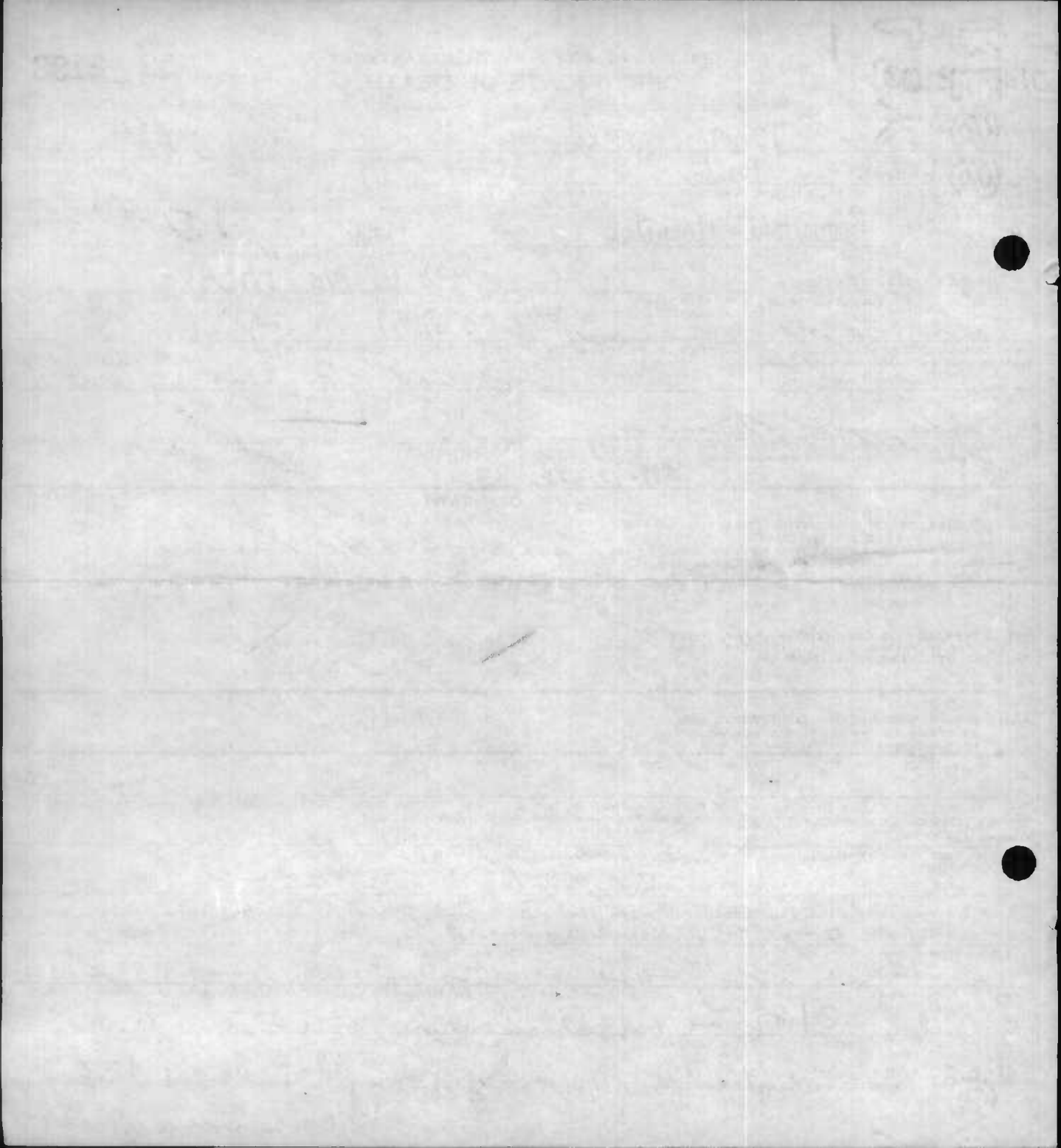
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



430  
52 2194BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2194

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HERBERT PLOTT

2. DATE  
OF  
DEATH

3-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

30 yrs Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 24

D. STREET ADDRESS (If rural, give location)

537 N. Highland Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 1880

9. AGE (In years  
last birthday)

72

H Under 1 Year  
Months DaysH Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired- Roller

10B. KIND OF BUSINESS OR  
INDUSTRY

Steel Mill

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Plott

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
6-----

17. INFORMANT

ADDRESS

Bernard H. Plott- 2905 Orleans St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-52, 19\_\_, to 3-5-1952, that I last saw the  
deceased alive on 3-5-1952. and that death occurred at 12:30 am., from the causes and on the date stated above.

23A. SIGNATURE

B. P. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

3-5-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1952

Huntington, W. Va.

John A. Moran 3000 E. Baltimore St.

VS 150

580 3A

H. Lewis

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

TO THE DIRECTOR OF THE BUREAU OF THE ARMY  
FROM THE DIRECTOR OF THE BUREAU OF THE ARMY  
SUBJECT: [Illegible]  
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official communication.]

520  
52 2195  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2195

1. NAME OF DECEASED (Type or Print) <u>Charles Frederick Knox</u>			2. DATE OF DEATH <u>3/3/52</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>503 Oakland Ave.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>503 Oakland Ave.</u>			E. LENGTH OF STAY IN BALTIMORE <u>Life</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 9, 1872</u>	9. AGE (In years last birthday) <u>79</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Julius Knox</u>			14. MOTHER'S MAIDEN NAME <u>Sophia Reuter</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>?</u>			16. SOCIAL SECURITY NO. <u>217-14-6844</u>		
17. INFORMANT <u>Mrs Belle Knox</u>			ADDRESS <u>503 Oakland Ave.</u>		

18. <u>442x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hypertension - Cardio-vascular Renal disease</u> DUE TO (A) <u>Hypertension - Cardio-vascular Renal disease</u> (B) <u>Abnormal Renal disease</u> (C) <u>Abnormal Renal disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from Dec. 6, 1951 to Mar. 3, 1952, that I last saw the deceased alive on Mar. 1, 1952 and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE <u>Lloyd E. Saylor, M. D.</u>	23B. ADDRESS <u>3902 Greenmount Ave.</u>	23C. DATE SIGNED <u>Mar. 5, 1952</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/6/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 6 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
FUNERAL DIRECTOR <u>John A. Moran</u>		ADDRESS <u>3000 E. Balto. H.</u>	

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2196**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**JOSEPH A. CLARK**

2. DATE OF DEATH **March 3, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE **Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**Lutheran Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

O. STREET ADDRESS (If rural, give location)

**1000 Edmondson Avenue**

5. SEX **male** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **SEPT. 9, 1863** 9. AGE (In years last birthday) **88** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**ATTORNEY**

10B. KIND OF BUSINESS OR INDUSTRY

**LAW**

11. BIRTHPLACE (State or foreign country)

**M.D.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**JAMES A. CLARK**

14. MOTHER'S MAIDEN NAME

**WILSON**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Helen C. Roth, 1000 Edmondson Ave.**

18. **E840X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Multiple fractures of ribs**

ANTECEDENT CAUSES

**Internal hemorrhage**  
**Fracture of skull**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Subdural hematoma**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
**Edmondson Ave. & Melvin Ave. - Catonsville**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**March 2, 1952 9:00 P.**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?  
**Pedestrian struck by streetcar**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED  
**March 4, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Burial**

**3-7-52**

**Holy Redeemer**

**Balto.**

**Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**MAR 6 - 1952**

**Huntington Williams, M.D.**

**George E. Farley, Fulton Ave. & Fayette St.**

VS 151

**N-804.2**

**171a**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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52 2197  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2197

1. NAME OF DECEASED (Type or Print) <u>John A. Lange</u>			2. DATE OF DEATH <u>Mar. 4 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>BALTIMORE</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1612 JACKSON ST</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>24-04</u>		
C. Length of stay in Baltimore <u>72 yrs</u> Yrs. <u>72</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>1612 Jackson St</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1/18/80</u>	9. AGE (in years last birthday) <u>72</u>	10. Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Meat Store</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>FRANTZ LANGE</u>			14. MOTHER'S MAIDEN NAME <u>FRICK</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Wm. Lange</u>			ADDRESS <u>1612 Jackson St.</u>		
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u> CAUSE OF DEATH (A) <u>Coronary Thrombosis</u> DUE TO (B) <u>Arteriosclerosis</u> DUE TO (C) <u></u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 yrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 1</u> , 1952, to <u>March 4</u> , 1952, that I last saw the deceased alive on <u>March 4</u> , 1952 and that death occurred at <u>5A m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Arthur Lloyd</u>		23B. ADDRESS <u>707 Fort Ave.</u>		23C. DATE SIGNED <u>3-5-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Mar 7-1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>	
24D. LOCATION (City, town, or county) (State) <u>Unndel. County Md</u>		25. FUNERAL DIRECTOR <u>1000 S. Paca St.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 6 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington W. ...</u>			

MEDICAL CERTIFICATION

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VALLEY

CONGREGATION

OF

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2198**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**KATE MYERS**

2. DATE OF DEATH

**3/2/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**SO. BALTIMORE HOSPITAL**

C. Length of stay in Baltimore

**LIFE**

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

**MD**

B. COUNTY

C. CITY OR TOWN

**BALTIMORE**

D. STREET ADDRESS (If rural, give location)

**3104 ELLIOTT ST**

5. SEX

**F**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**M**

8. DATE OF BIRTH

**7/2/88**

9. AGE (In years last birthday)

**63**

If Under 1 Year Months; Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**AT HOME**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**BALTIMORE MD**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**CHRISTIAN SCHMIDT**

14. MOTHER'S MAIDEN NAME

**NOT KNOWN**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**JOHN. M. MYERS 3104 ELLIOTT ST.**

18. **331X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**

**1/2 hr.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis**

**1 yr.**

(C) **Laryngeal Spasm**

**1/4 hr.**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from **2/2-49**, 19**49**, to **2-2-52**, 19**52**, that I last saw the deceased alive on **2-2-52**, 19**52**, and that death occurred at **7:30 PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**Dr. J. H. Hoffman**

**1710 So 33rd St**

**3-2-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**BURIAL**

**3/6/52**

**LORRAINE PK.**

**BALTIMORE MD**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**MAR 6 - 1952**

**Huntington Williams MD**

**Blair & Hoffman 1639 Broadway**

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

INVESTIGATION

REPORT OF SPECIAL AGENT IN CHARGE

TO THE DIRECTOR, FBI

FROM THE SAC, [illegible]

RE: [illegible]

DATE: [illegible]

BY: [illegible]

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2199  
Registered No.

L 620  
52 2199  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ADAM F. MEYERS</b>			2. DATE OF DEATH <b>3/4/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>1-01</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>3008 HUDSON ST</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3008 HUDSON ST</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>12/2/82</b>	9. AGE (In years lost birthday) <b>69</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCHMAN CITY PIER</b>			11. BIRTHPLACE (State or foreign country) <b>BALTIMORE MD.</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>NOT KNOWN</b>			14. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>ROBERTA MKOWSKI 3008 HUDSON ST</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Myocardial Decomposition</b> DUE TO (B) <b>Generalized arteriosclerosis</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 15</b> , 1951, to <b>March 4</b> , 1952, that I last saw the deceased alive on <b>3-4</b> , 1952, and that death occurred at <b>11:00 A.</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>2a. Huntington Jr.</b>		23B. ADDRESS <b>3501 Fair Ave.</b>		23C. DATE SIGNED <b>3-6-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>3/8/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Trinity</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore MD</b>		24E. FUNERAL DIRECTOR <b>William &amp; Lawrence J. Hoffmann 1639 Broadway</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



# DECLARATION OF DEATH

SECTION OF HEALTH DEPARTMENT

1911

<p>1. Name of deceased: _____</p>	
<p>2. Date of death: _____</p>	
<p>3. Place of death: _____</p>	
<p>4. Cause of death: _____</p>	
<p>5. Signature of declarant: _____</p>	
<p>6. Signature of physician: _____</p>	
<p>7. Signature of coroner: _____</p>	
<p>8. Signature of registrar: _____</p>	
<p>9. Signature of witness: _____</p>	
<p>10. Signature of witness: _____</p>	
<p>11. Signature of witness: _____</p>	
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<p>61. Signature of witness: _____</p>	
<p>62. Signature of witness: _____</p>	
<p>63. Signature of witness: _____</p>	
<p>64. Signature of witness: _____</p>	
<p>65. Signature of witness: _____</p>	
<p>66. Signature of witness: _____</p>	
<p>67. Signature of witness: _____</p>	
<p>68. Signature of witness: _____</p>	
<p>69. Signature of witness: _____</p>	
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<p>72. Signature of witness: _____</p>	
<p>73. Signature of witness: _____</p>	
<p>74. Signature of witness: _____</p>	
<p>75. Signature of witness: _____</p>	
<p>76. Signature of witness: _____</p>	
<p>77. Signature of witness: _____</p>	
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<p>79. Signature of witness: _____</p>	
<p>80. Signature of witness: _____</p>	
<p>81. Signature of witness: _____</p>	
<p>82. Signature of witness: _____</p>	
<p>83. Signature of witness: _____</p>	
<p>84. Signature of witness: _____</p>	
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<p>87. Signature of witness: _____</p>	
<p>88. Signature of witness: _____</p>	
<p>89. Signature of witness: _____</p>	
<p>90. Signature of witness: _____</p>	
<p>91. Signature of witness: _____</p>	
<p>92. Signature of witness: _____</p>	
<p>93. Signature of witness: _____</p>	
<p>94. Signature of witness: _____</p>	
<p>95. Signature of witness: _____</p>	
<p>96. Signature of witness: _____</p>	
<p>97. Signature of witness: _____</p>	
<p>98. Signature of witness: _____</p>	
<p>99. Signature of witness: _____</p>	
<p>100. Signature of witness: _____</p>	

525 2200

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2200

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALBERT LANGHEIM

2. DATE  
OF  
DEATH

Mar. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2316 E. Preston St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2316 E. Preston St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 9, 1886

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tool Maker

10B. KIND OF BUSINESS OR  
INDUSTRY

Crown Cork &amp; Seal

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Albert Langheim

14. MOTHER'S MAIDEN NAME

Julia -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Virgie E. Langheim - 2316 E. Preston

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Feb, 1952, to 4 Mar, 1952, that I last saw the  
deceased alive on 4 Mar, 1952, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/7/52

24C. NAME OF CEMETERY OR CREMATORY

Poplar Springs Meth. Cem.

24D. LOCATION (City, town, or county)

Poplar Springs, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1952

Huntington, Williams, M.D.

J. Fickner &amp; Sons

VS 150

59232

Barto Md 94a

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and in full.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2201**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**WILSON T. DAVISON**

2. DATE OF DEATH **Mar. 4, 1952**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**2807 Pinewood Ave.**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE **Md.**  
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**2807 Pinewood Ave.**

c. Length of stay in Baltimore

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**widowed**

8. DATE OF BIRTH

**Oct. 16, 1864**

9. AGE (in years, last birthday)

**87**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Printer (rtd)**

10B. KIND OF BUSINESS OR INDUSTRY

**Wholesale Pharmaceutical**

11. BIRTHPLACE (State or foreign country)

**New York**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Mott Davison**

14. MOTHER'S MAIDEN NAME

**Sarah Bedell**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**none**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mr. Leon C. Davison - 2807 Pinewood Ave.**

18. **332x I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral thrombosis**

**3 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **arteriosclerosis, generalised**

**?**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **March 1**, 1952, to **March 4**, 1952, that I last saw the deceased alive on **March 4**, 1952, and that death occurred at **11 4** m., from the causes and on the date stated above.

23A. SIGNATURE

**[Signature]**

23B. ADDRESS

**6217 Harford Rd**

23C. DATE SIGNED

**3/6/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**3/7/52**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Olivet**

24D. LOCATION (City, town, or county)

**Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**MAR 6 - 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, Jr.**

25. FUNERAL DIRECTOR

**John J. Glickner & Sons**

ADDRESS

**Balto, Md 8313**

MEDICAL CERTIFICATION

1055

51

REPUBLIC OF ALABAMA  
DEPARTMENT OF HEALTH  
CENTRAL DEATH

1055

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

NAME OF DECEASED

NAME OF NEXT OF KIN

NAME OF PHYSICIAN

NAME OF BURIAL PLACE

NAME OF FUNERAL HOME

NAME OF MINISTER

WITNESSES





CERTIFICATE OF DEATH

STATE OF NEW YORK

County of \_\_\_\_\_

City of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

at \_\_\_\_\_

\_\_\_\_\_

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621  
52 2203BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2203

1. NAME OF DECEASED (Type or Print) <i>William Crosby</i>			2. DATE OF DEATH <i>March 4/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1519 E. Biddle St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>2 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1519 E. Biddle St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 25, 1884</i>	9. AGE (In years last birthday) <i>68</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Warren Ark.</i>
13. FATHER'S NAME <i>Dennis Crosby</i>			14. MOTHER'S MAIDEN NAME <i>Ella Hughes</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT <i>Helene Edwards</i>		
			ADDRESS		

18. <i>420.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary Thrombosis</i>	<i>3-1-52</i>
ANTECEDENT CAUSES	(B) <i>Arteriosclerotic Heart Disease</i>	<i>?</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Hypertensive Encephalopathy</i>	<i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-1-*, 19*52* to *3-4-*, 19*52*, that I last saw the deceased alive on *3/3*, 19*52*, and that death occurred at *10:15* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <i>1422 E. Rose St.</i>	23C. DATE SIGNED <i>3/6/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 8/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>
24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>		

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 6 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Mr. R. H. A. Ellis</i>	ADDRESS <i>1129 N. Caroline St.</i>
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300  
52 2204BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2204

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Ray Hyde

2. DATE  
OF  
DEATH

Mar 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1001 Dartmouth Road

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 15, 1885

9. AGE (In years last birthday)

66

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Real Estate &amp; Insurance

10B. KIND OF BUSINESS OR INDUSTRY

A.D. Clemens &amp; Sons

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George W. Hyde

14. MOTHER'S MAIDEN NAME

Anna Bordley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs George Ray Hyde 1001 Dartmouth Road

18. 4701

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertrophic atherosclerosis, genl.

10 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947 to Mar, 1952, that I last saw the deceased alive on Feb 24, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

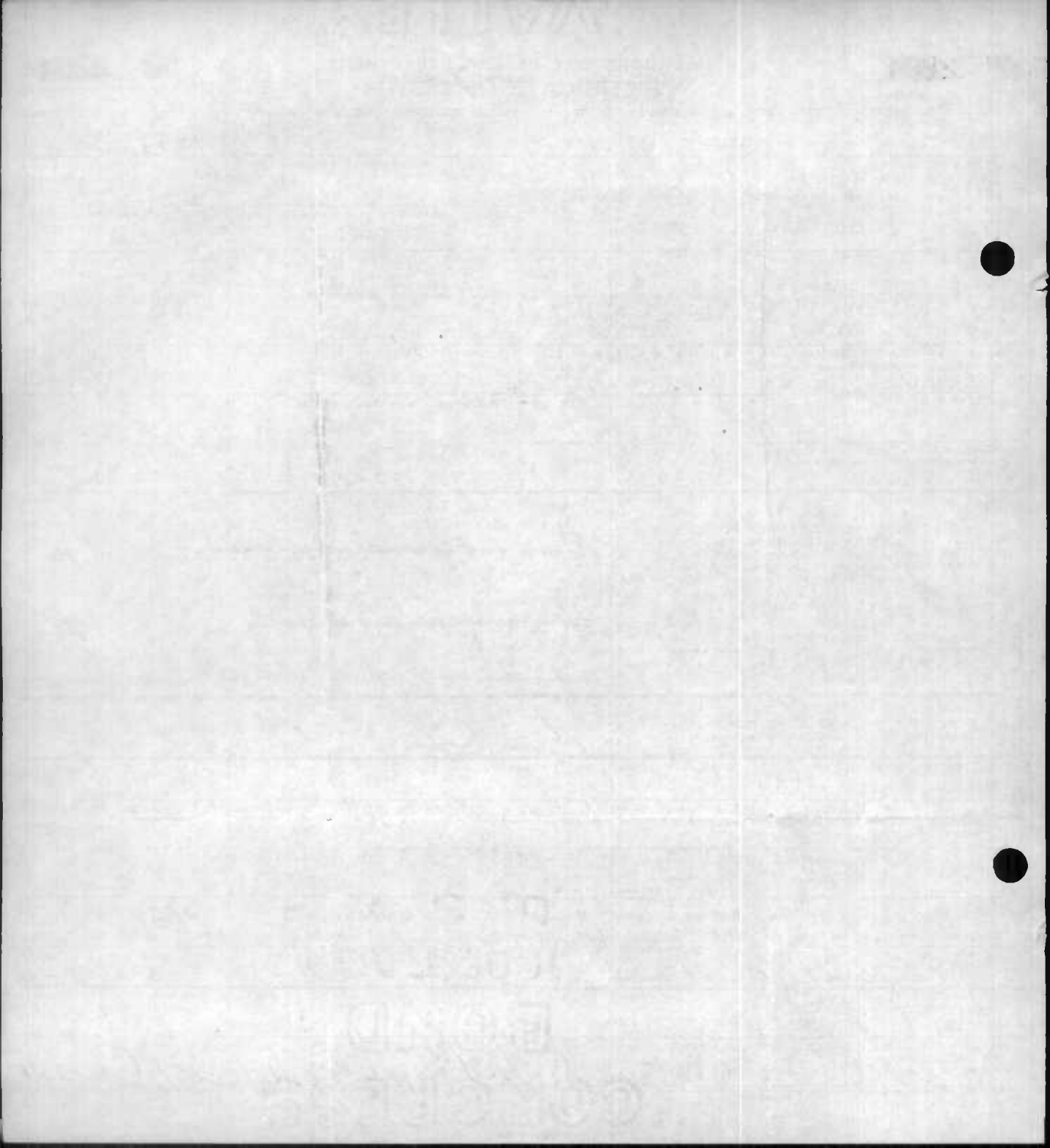
ADDRESS

MAR 6 - 1952

VS 150

47075

94a



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2205  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Minnie Amelia Sherman</b>		2. DATE OF DEATH <b>Mar. 4, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3511 N. Calvert Street</b>		C. CITY OR TOWN (If outside corporate limits, give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>About 90</b>		D. STREET ADDRESS (If rural, give location) <b>3511 N. Calvert Street</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH -----
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) Months: Days <b>About 90</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? -----	
13. FATHER'S NAME <b>Charles Wilby</b>		14. MOTHER'S MAIDEN NAME <b>Margaret E. Hartman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>William W. Sherman</b>		ADDRESS <b>3607 Rockdale Terrace</b>	

18. <b>157 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Pancreas</b> DUE TO <b>CAUSE OF DEATH</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 mo.</b>
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____ _____		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION _____ _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____ _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____ _____		

22. I hereby certify that I attended the deceased from **1-15**, 19**52** to **3-4**, 19**52**, that I last saw the deceased alive on **2-3**, 19**52**, and that death occurred at **5 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>P. H. Thun</b>	M. D. _____	23B. ADDRESS <b>11 E. Chase St.</b>	23C. DATE SIGNED <b>3-5-52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/7/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 6 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>H. W. Meeks and Son</b>	ADDRESS <b>805 N. Calvert St.</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **2206**

**230**  
BIRTH NO. **2206**

1. NAME OF DECEASED (Type or Print) <b>DANIEL E. HOGSED JR</b>		2. DATE OF DEATH <b>MAR 5-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>OSL-6</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>12-07</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>THE JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>2658 HUNTINGTON AVE.</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11-7-02</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		11. BIRTHPLACE (State or foreign country) <b>La</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Yellow Cab Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>La</b>	
13. FATHER'S NAME <b>?</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. <b>1 W. W. 217-01-6612</b>	17. INFORMANT ADDRESS <b>THE JOHNS HOPKINS HOSPITAL</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>443X</b> <b>Thrombosis Right Middle Cerebral artery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Cardiovascular Disease</b>		2915+	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b> <b>Quercular Fibrillation</b>		2415+	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3-3-1952</b> to <b>3-5-1952</b> , that I last saw the deceased alive on <b>3-5-1952</b> , and that death occurred at <b>1:47 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Richard S. Ross</b>		23B. ADDRESS <b>THE JOHNS HOPKINS HOSPITAL</b>	
23C. DATE SIGNED <b>3/5/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/8/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 6-1952</b>	REGISTRAR'S SIGNATURE <b>Huntington-Woodlawn</b>	25. FUNERAL DIRECTOR ADDRESS <b>Paul E. Schindler 36547 Liberty Ave.</b>	

MEDICAL CERTIFICATION



CERTIFICATE OF DEATH

STATE OF NEW YORK

1912

1912

County of ... State of New York  
I, the undersigned, a duly qualified and licensed physician, do hereby certify that on the ... day of ... 1912, at the place named above, I attended the deceased, who was then residing at ... and who was found dead, and that the cause of death was ...

Witness my hand and seal this ... day of ... 1912.  
Signature of Physician  
Signature of Coroner

Signature of Registrar  
Signature of ...  
Signature of ...

AB-87988

260

52 2207

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2207

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Laura Becker

2. DATE  
OF  
DEATH

March 4-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals, 4940 Eastern Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married 9 Separated

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

Sept. 4-1881

9. AGE (in years  
last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Reese Shipley (D)

14. MOTHER'S MAIDEN NAME

Miranda Evansen

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 592x I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Arteriosclerotic cardiovascular  
disease in failure

DUE TO

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Glomerulonephritis, chronic

DUE TO

yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia

1 wk.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 5-13-1944, to 3-4-1952, that I last saw the  
deceased alive on 3-4-1952, and that death occurred at 6.20A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Baltimore, Md. 3-4-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1952

Huntington Williams, M.D.

Paul C. Schenck, Jr., 1500 Schenck Ave.

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

WASH. D.C. 20250

10-10-55

TO: DIRECTOR, BUREAU OF PLANT INDUSTRY  
FROM: [Illegible]  
SUBJECT: [Illegible]  
[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

320  
2208BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2208  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDWARD

MATTHEWS

2. DATE  
OF DEATH March 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write in U.S.A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

30 M. Pulaski St.

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 23, 1892

9. AGE (in years  
last birthday)

39

10. Under 24 Hours  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Unemp. Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Parkville Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Matthews

14. MOTHER'S MAIDEN NAME

Annie Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ella Matthews 30 M Pulaski St

18. 163X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of lung

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 4, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1952

Huntington Williams, M.D.

Mrs. P. A. Ellis, Daughter

VS 151

97099

1129 N. Caroline St

478

J. H. Haskins, M.D.

2500 Med. Ex. Case.

52 2209

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2209  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Violet Coombs</i>		2. DATE OF DEATH <i>Mar 4, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Acad Room</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2212 Mc Culloch St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 20, 1900</i>
9. AGE (In years last birthday) <i>50</i>	10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>St. Mary Co, Md</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Cooper</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebro-Vascular accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>one day to one week</i>
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive cardiovascular disease</i>		
DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Duodenal ulcer</i>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Mar 3-4, 1952</i> , to <i>Mar 4, 1952</i> , that I last saw the deceased alive on <i>Mar 4, 1952</i> and that death occurred at <i>11:40</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>A. H. Williams</i>		M. D.		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>Mar. 4, 1952</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Mar. 8, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk. Balt. Co. Md</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>General Home</i>			
DATE RECEIVED BY LOCAL REGISTRAR		26. ADDRESS <i>1651 Druid Hill Ave</i>			

Released to hospital?

117B

correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	



L-532  
52 2210BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2210

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>George H. LINTHICUM</b>		2. DATE OF DEATH <b>MAR 5, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>4007 PARKWOOD AVE</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b> <b>27-01</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>4007 PARKWOOD AVE</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>4-3-1895</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DET. POLICEMAN</b>		9. AGE (in years last birthday) <b>56</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Police</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
13. FATHER'S NAME <b>THOMAS F. LINTHICUM</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>YES</b> <b>WWI</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MRS LINTHICUM</b>		ADDRESS <b>SAME</b>	

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> (A) OUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Ch. Hypertension</b> (B) OUE TO <b>Arterio Sclerosis</b> (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION <b>✓</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1940** to **March 5, 1952**, that I last saw the deceased alive on **3/5**, 1952, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE  
**J. S. Harding**  
M. O. **3805 Belair Rd**  
23B. ADDRESS  
**3/5/52**  
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**BURIAL**  
24B. DATE  
**3-11-52**  
24C. NAME OF CEMETERY OR CREMATORY  
**BALTIMORE NATL FREDERICK AVE**  
24D. LOCATION (City, town, or county) (State)  
**Md.**

DATE RECEIVED BY LOCAL REGISTRAR  
**MAR 6 - 1952**  
REGISTRAR'S SIGNATURE  
**Huntington Williams**  
25. FUNERAL DIRECTOR  
**Midland T. Blight**  
ADDRESS  
**Medford T. Blight**

TO THE DIRECTOR OF THE BUREAU OF THE ARMY  
FROM THE DIRECTOR OF THE BUREAU OF THE ARMY  
SUBJECT: [Illegible]  
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official communication.]

E-430

52 2211

52 2211

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Elsie Elliott

2. DATE  
OF  
DEATH

March 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Queen Anne's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Chestertown

D. STREET ADDRESS (If rural, give location)

Route # 1

6700

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9-19-15

9. AGE (In years  
last birthday)

36

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Mc Callister

14. MOTHER'S MAIDEN NAME

Lucinda Mines

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

688.2 1 ?

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Sudden death, unexplained  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Pregnancy  
DUE TO  
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1952, to 3-5, 1952, that I last saw the  
deceased alive on 3-5, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. B. Buckley

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/9/52

24C. NAME OF CEMETERY OR CREMATORY

Pond town

24D. LOCATION (City, town, or county)

Pond town

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edgar L. Lane Church Hill

UNITED STATES OF AMERICA  
DEPARTMENT OF COMMERCE

*[Faint, mostly illegible text, likely bleed-through from the reverse side of the page. Some words like "UNITED STATES" and "DEPARTMENT OF COMMERCE" are visible.]*

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52 2212

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2212

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Leona (Lee) Woodson

2. DATE  
OF

DEATH March 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

152 North Exeter Street

c. Length of stay in Baltimore 26 Yrs.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Charlie Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

May-5-1900

9. AGE (In years last birthday)

51

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Newport News Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Betty Jackson

17. INFORMANT

ADDRESS

William T. Woodson 152 N. Exeter S

18. 493 X 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pneumonia

2 wks

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1952 to Mar 1, 1952 that I last saw the deceased alive on Mar 1, 1952 and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/6/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 6 - 1952

Huntington Williams

Elmer Wilson 1000 Brantly ave

8188 34

RECEIVED BY THE UNITED STATES DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C.

8188

10





456  
52 2213

52 2213

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>FRANCES E. HALLAMEYER</b>			2. DATE OF DEATH <b>3-4-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Anne Arundel</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>			C. CITY OR TOWN <b>Hormon</b>		
c. Length of stay in Baltimore <b>7</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>—</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>5-24-95</b>	9. AGE (in years, last birthday) <b>56</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>John Weber</b>		14. MOTHER'S MAIDEN NAME <b>Constance Novak</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <b>171X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Generalized carcinomatosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinoma of cervix</b>	CAUSE OF DEATH (A) <b>Generalized carcinomatosis</b> (B) <b>Carcinoma of cervix</b> (C)	INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b>
---	--	--

19A. DATE OF OPERATION <b>1-8-52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Generalized carcinomatosis</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **1-7**, 19**52**, to **3-4**, 19**52**, that I last saw the deceased alive on **3-4**, 19**52**, and that death occurred at **6:35 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>W. A. Cracraft</b>	23B. ADDRESS <b>Union Memorial Hosp</b>	23C. DATE SIGNED <b>3-4-52</b>
--------------------------------------	---	--------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>March 8/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. City</b>
DATE RECEIVED BY <b>LOCAL REGISTRAR</b> <b>March 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>John M. Welby</b>	ADDRESS <b>401 S. Chester St</b>





43.2  
52 2214

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2214

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type, or Print)

Miss MARY A. FIDIG, 1400 W. Lexington St

2. DATE

OF DEATH MAR. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Aged Women's and  
Aged Men's Home

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1400 W. Lexington St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 27, 1859

9. AGE (In years last birthday)

93

10. Under 1 Year Months: Days

1 6

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inmate

10B. KIND OF BUSINESS OR INDUSTRY

Home for Aged

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Frederick Fidig

14. MOTHER'S MAIDEN NAME

Edhanna Sommers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Berlin Ropp 1400 W. Lexington St

ADDRESS

18. E 903 71

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Contusion - accident

DOE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension Arteriosclerosis

DOE TO

Vascular disease

years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

Stanley H. Dunsen

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Above Home.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

4/28/52

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped & fell to floor.

22. I hereby certify that I attended the deceased from Feb. 28, 1952, to March 4, 1952, that I last saw the deceased alive on March 3, 1952, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Marland Edward Day

23B. ADDRESS

4-E-33rd St -18

23C. DATE SIGNED

March 5, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/7/52

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St

VS 150

To be approved by Medical Examiner's office.

186a

MEDICAL CERTIFICATION

10.10 St Paul - Hedding Neubauer  
Hellerfeld

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2215  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*Tubman, William F.*

2. DATE  
OF  
DEATH

*March 4, 52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Mercy Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

*MD*

B. COUNTY

*Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

*Baltimore*

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*510 Rest Avenue*

C. Length of stay in Baltimore

*60 yrs*

Yrs.  
Mos.  
Days

5. SEX

*M*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*Jan 10, 1892*

9. AGE (in years; last birthday)

*60*

If Under 1 Year: Months: Days  
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Balto Transit Worker - Clerk. Ret.*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*MD*

12. CITIZEN OF WHAT COUNTRY?

*U.S.*

13. FATHER'S NAME

*Harry L. Tubman*

14. MOTHER'S MAIDEN NAME

*Jessie Demmons*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*Unknown*

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*Mrs. Estelle Tubman, 510 Rest Ave.*

18. *466X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Pulmonary Embolus*

*9 minutes*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Femoral Thrombus, right*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 4, 1952* to *3/4*, 1952 that I last saw the deceased alive on *3/4*, 1952, and that death occurred at *4:43 PM*, from the causes and on the date stated above.

23A. SIGNATURE

*Herbert W. Lapp*

M. D.

23B. ADDRESS

*Mercy Hospital*

23C. DATE SIGNED

*3/4/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*3/7/52*

24C. NAME OF CEMETERY OR CREMATORY

*Woodlawn Cemetery Woodlawn Md.*

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

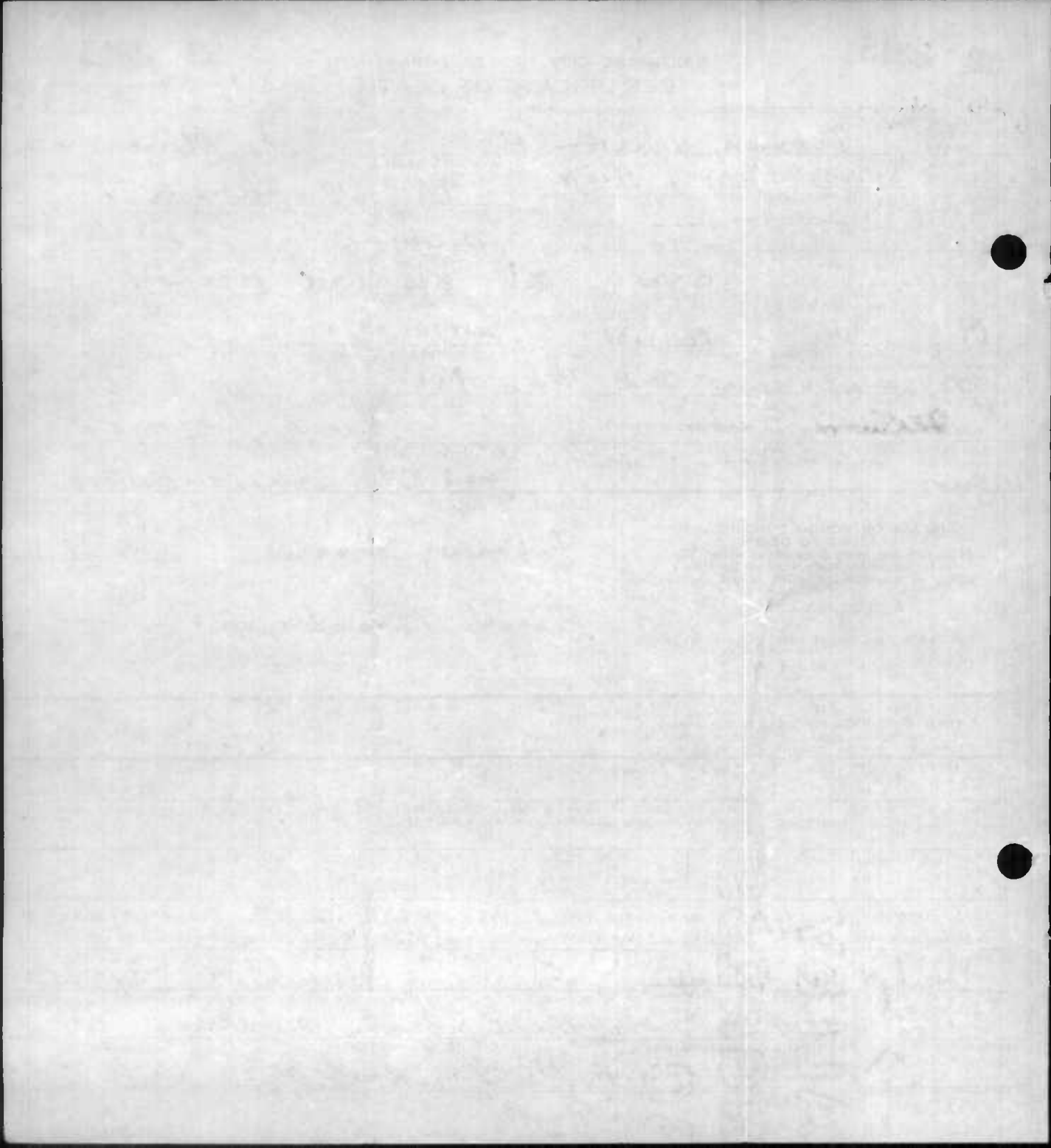
REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

*Wm. B. Cook, Inc., 1212 St. Paul St.*



152  
52 2216BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2216  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Ruth A. Gibbons

2. DATE  
OF  
DEATH

MAR 4 - 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1125 MONROE CIRCLE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md

B. COUNTY

C. CITY OR TOWN

Balt 25-05

D. STREET ADDRESS (If rural, give location)

1125 Monroe Circle

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/12/1874

9. AGE (In years last birthday)

77

If Under 1 Year  
Months: DaysIf Under 24 hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Dize

14. MOTHER'S MAIDEN NAME

Margaret Marshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ruth Pruitt 1125 Monroe Circle

18. 4200 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic heart disease several years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to Sept. 15, 1951, that I last saw the deceased alive on Sept. 15, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Dore Newbauer M. D.

23B. ADDRESS

936 Palmyra Ave.

23C. DATE SIGNED

3-5-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/7/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St.



1938

UNITED STATES DEPARTMENT OF HEALTH

OFFICE OF VITAL STATISTICS

STATE OF NEW YORK  
COUNTY OF NEW YORK  
CITY OF NEW YORK

DECEASED

NAME OF DECEASED  
DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH

SIGNATURE OF REGISTRAR



**CERTIFICATE CORRECTED 3-19-52**  
BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

52 2217  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HARRY GUY GRIMMEL</b>		2. DATE OF DEATH <b>March 4, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>445 E. 25th Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 19, 1890</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Auto Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>61</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Henry G. Grimmel</b>		14. MOTHER'S MAIDEN NAME <b>Fannie I. Riall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>216-03-4312</b>	
17. INFORMANT <b>Mrs. Edith F. Grimmel, Box 207, Rt. 2, Glen Burnie, Md.</b>		ADDRESS	

18. <b>E976X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bullet wound of head</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>445 E. 25th Street</b>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>March 4, 1952 3:00 P.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Firearms</b>			
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley A. Dureacher</b> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>March 5, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>3/7/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 6 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. C. Carter, Inc.</b>	ADDRESS <b>1217 St. Paul Street</b>
V S 151	<b>N-803.4</b>	<b>4906J</b>	<b>164 c</b>

correct age is especially important. In y claims, please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1153 S2

UNITED STATES DEPARTMENT OF AGRICULTURE

WASH DC

REPORT ( )

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2218  
165BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2218  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Peter J. O'Brien (O'Brian)</i>		2. DATE OF DEATH <i>3/4/52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>3408 Windsor Ave</i>		c. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Balto</i> <i>15-48</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>3408 Windsor Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2 1874</i>
9. AGE (In years last birthday) <i>about 78</i>		10. UNDER 1 Year Months: Days Under 24 Hours Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad Brakeman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>R. R.</i>	
11. BIRTHPLACE (State or foreign country) <i>Scotland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Patrick O'Brien</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Morgan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Yes Spanish-American</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Regina A. Schuttz</i>		ADDRESS <i>1117 Barclay St.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary Embolism</i> DUE TO (B) <i>Coronary Disease</i> DUE TO (C) <i>Arterio Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>2 years</i> <i>3</i>	
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Mar 17, 1949</i> to <i>Mar 4, 1952</i> that I last saw the deceased alive on <i>at 29, 1952</i> and that death occurred at <i>109 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Samuel J. Zelenberg</i>		23b. ADDRESS <i>721 Medical Arts</i>	
23c. DATE SIGNED <i>3/5/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/7/52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>W.S. National</i>		24d. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
25. FUNERAL RECEIVED BY <i>Mar 6 - 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>1217 St. Paul St</i>			

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52

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

THE A

GOVERNMENT

BOND

COMPANY

WATLEY

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Katherine J. Macatee,		2. DATE OF DEATH March 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3023 Virginia Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 27-16			
C. Length of stay in Baltimore 19		D. STREET ADDRESS (If rural, give location) 3023 Virginia Ave.,			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 6, 1861	9. AGE (in years last birthday) 90	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Adams County, Penna.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John L. Jenkins,		14. MOTHER'S MAIDEN NAME Jane Riley, ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Miss Elizabeth Macatee, 3023 Virginia Ave.,	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 491x CAUSE OF DEATH (A) Vermine Broncho-Pneumonia DUE TO (B) Infection of age. DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 3 days		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19.30 to 19.30, 1952, that I last saw the deceased alive on March 4, 1952, and that death occurred at 8. P. m., from the causes and on the date stated above.					
23A. SIGNATURE E. S. Hayward		23B. ADDRESS 13 E. Eager St.,		23C. DATE SIGNED 3-6-52.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 7, 1952		24C. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery,	
24D. LOCATION (City, town, or county) Pylesville, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 6-1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR L. Vernon Lemon		24H. ADDRESS 4611 Park Heights A		24I. DATE RECEIVED BY LOCAL REGISTRAR MAR 6-1952	



624  
82 2220BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

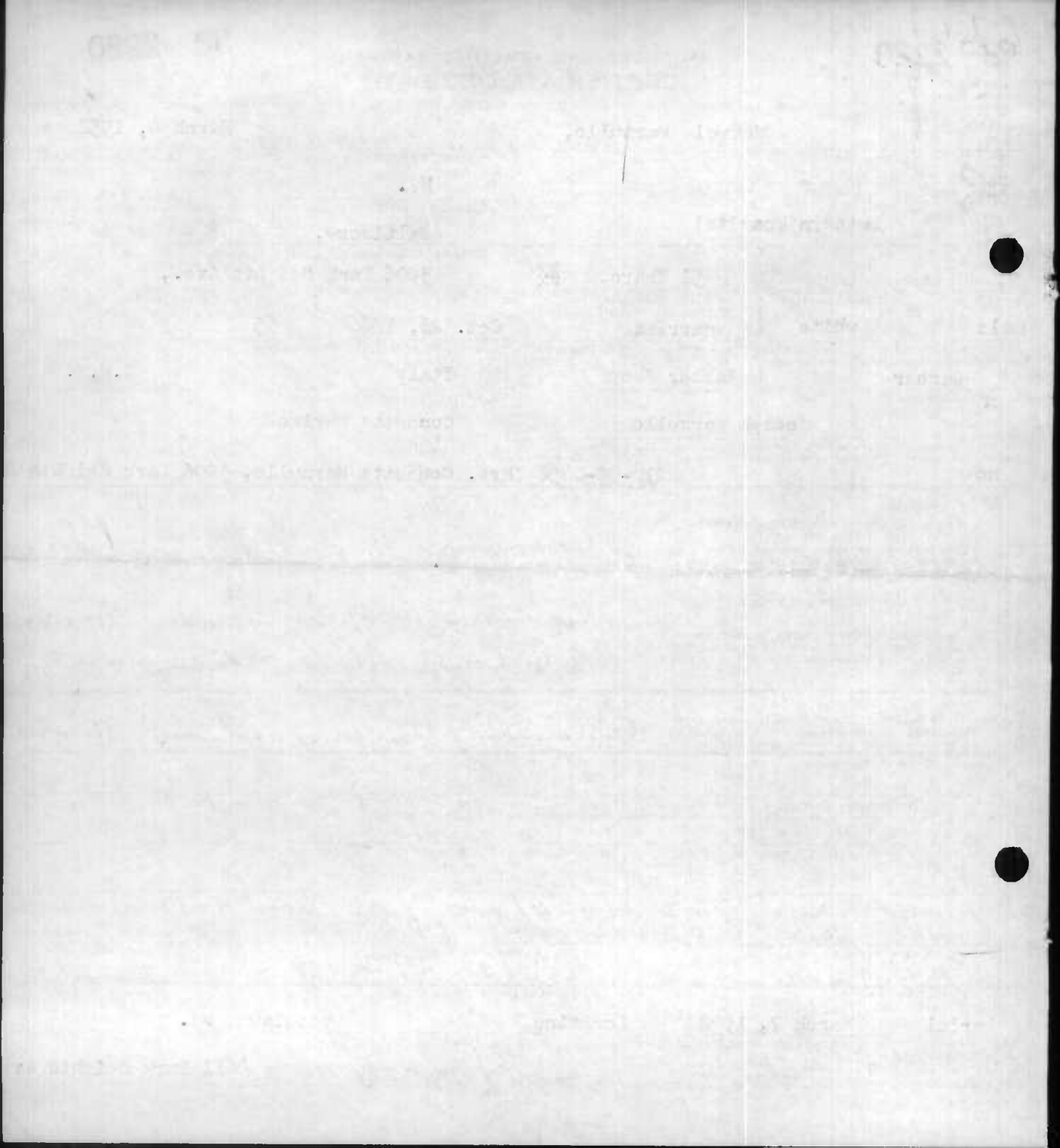
52 2220

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Samuel Marzullo,</b>		2. DATE OF DEATH <b>March 4, 1952</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Luthern Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore,</b> <b>15-12</b>	
c. Length of stay in Baltimore <b>51 Years.</b> Yrs. <b>51</b> Mths. <b>0</b> Ds. <b>0</b>		d. STREET ADDRESS (If rural, give location) <b>3906 Park Heights Ave.,</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 26, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barber Shop</b>	9. AGE (in years last birthday) <b>65</b> If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Joseph Marzullo</b>		14. MOTHER'S MAIDEN NAME <b>Concetta Marino</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>210-30-0458</b>	
17. INFORMANT <b>Mrs. Concetta Marzullo,</b>		ADDRESS <b>3906 Park Heights Ave.</b>	
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary thrombosis</b> DUE TO <b>Coronary Arteriosclerosis</b> DUE TO <b>Arteriosclerotic heart disease</b> DUE TO <b>Generalized arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> <b>4 yr.</b> <b>4-5 yr.</b> <b>10 yr.</b>	
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4/26</b> , 19 <b>50</b> , to <b>March 4, 1952</b> that I last saw the deceased alive on <b>10/25</b> , 19 <b>50</b> , and that death occurred at <b>6 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. R. Freeman</b>		23b. ADDRESS <b>11 W. 29th St.</b>	
23c. DATE SIGNED <b>March 6, 1952</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>March 7, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lorraine</b>		24d. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
DATE RECEIVED BY <b>MAR 6 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR <b>Norman L. Lerner</b>		ADDRESS <b>4611 Park Heights Ave.</b>	





# 52 2221 CERTIFICATE CORRECTED 52 2221 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

 1. NAME OF DECEASED  
(Type or Print)

EUGENE

TONEY

 2. DATE  
OF  
DEATH

March 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR

 Baltimore City Hospitals  
University Hospital

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

607 W. Conway Street

5. SEX

male

6. COLOR OR RACE

colored

 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

 9. AGE (In years  
last birthday)

60 7

 10. CITIZEN OF  
WHAT COUNTRY?

 10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

 10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

 12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

 16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 812.4

CAUSE OF DEATH

 INTERVAL BETWEEN  
ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Subdural hematoma, bilateral

DUE TO

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

 II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

 21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

 21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
street

 21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Greene St. &amp; Washington Boulevard

 21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY  
Feb. 24, 1952

 21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

 22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley F. Duncanson M.D.

 23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

 23C. DATE SIGNED  
March 4, 1952

 24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

 DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

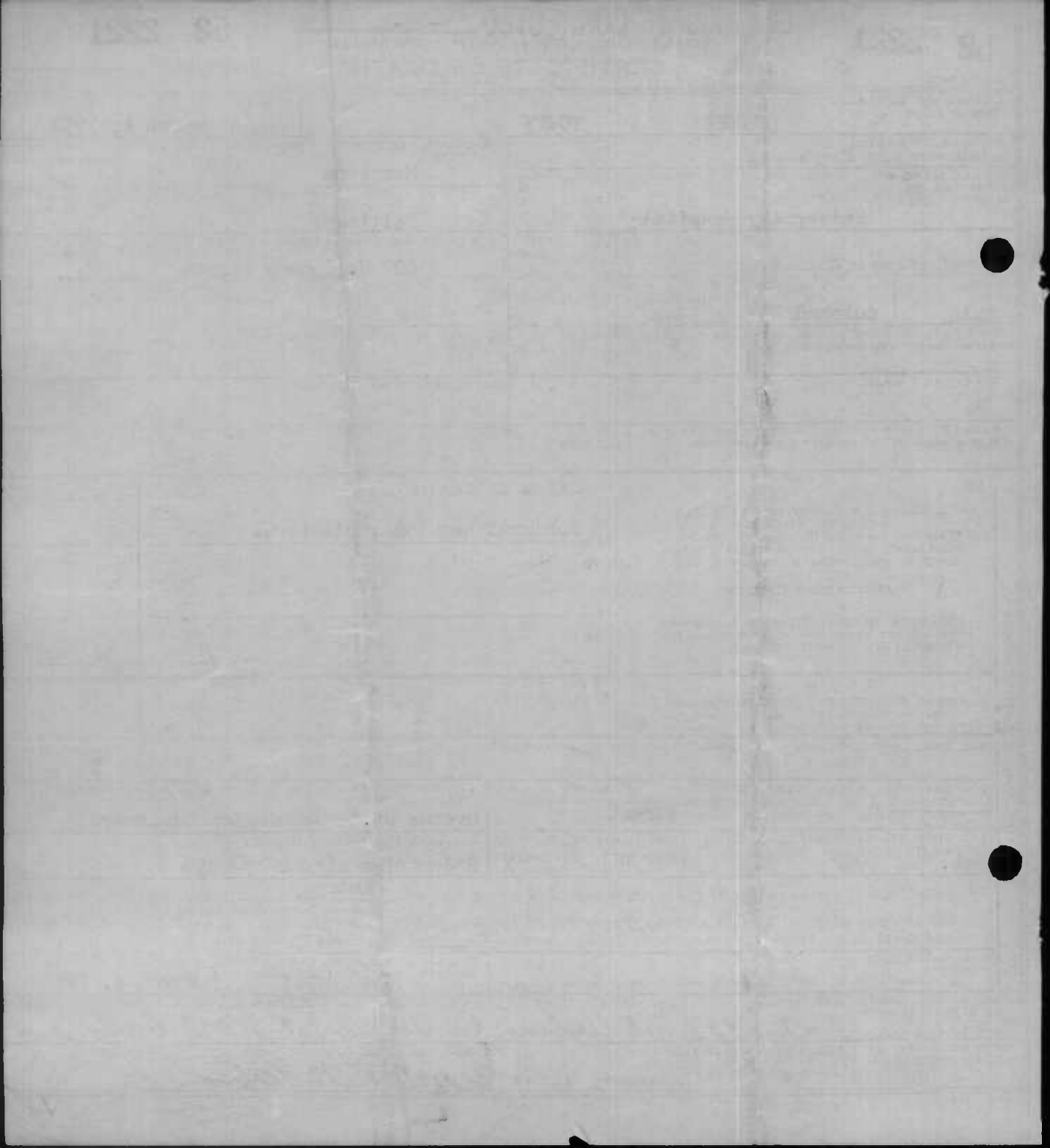
25. FUNERAL DIRECTOR

ADDRESS

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N-254.0

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2222**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **Mrs. Margaret A. Peddicord**

2. DATE OF DEATH **March 4, 1952**

3. PLACE OF DEATH:  
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**Bon Secours Hospital**

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
**Baltimore 30**

c. Length of stay in Baltimore **?**

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)  
**1503 Parksley Ave.**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**married**

8. DATE OF BIRTH  
**11-16-98**

9. AGE (in years last birthday)  
**53**

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**?**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**Phillip Niser**

14. MOTHER'S MAIDEN NAME

**Catherine ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
**?**

17. INFORMANT ADDRESS  
**John J. Peddicord 1503 Parksley Ave**

18. **443X I**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Cerebral Hemorrhage**  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive Cardiovascular Disease**  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/1**, 19**52**, to **3-4**, 19**52**; that I last saw the deceased alive on **3-4**, 19**52**, and that death occurred at **8:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Daniel J. Garte M.D.**

23B. ADDRESS

**Bon Secours Hospital**

23C. DATE SIGNED

**3-4-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**3-7-52**

24C. NAME OF CEMETERY OR CREMATORY

**Meadow Ridge Cem**

24D. LOCATION (City, town, or county) (State)

**Wash Blvd**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

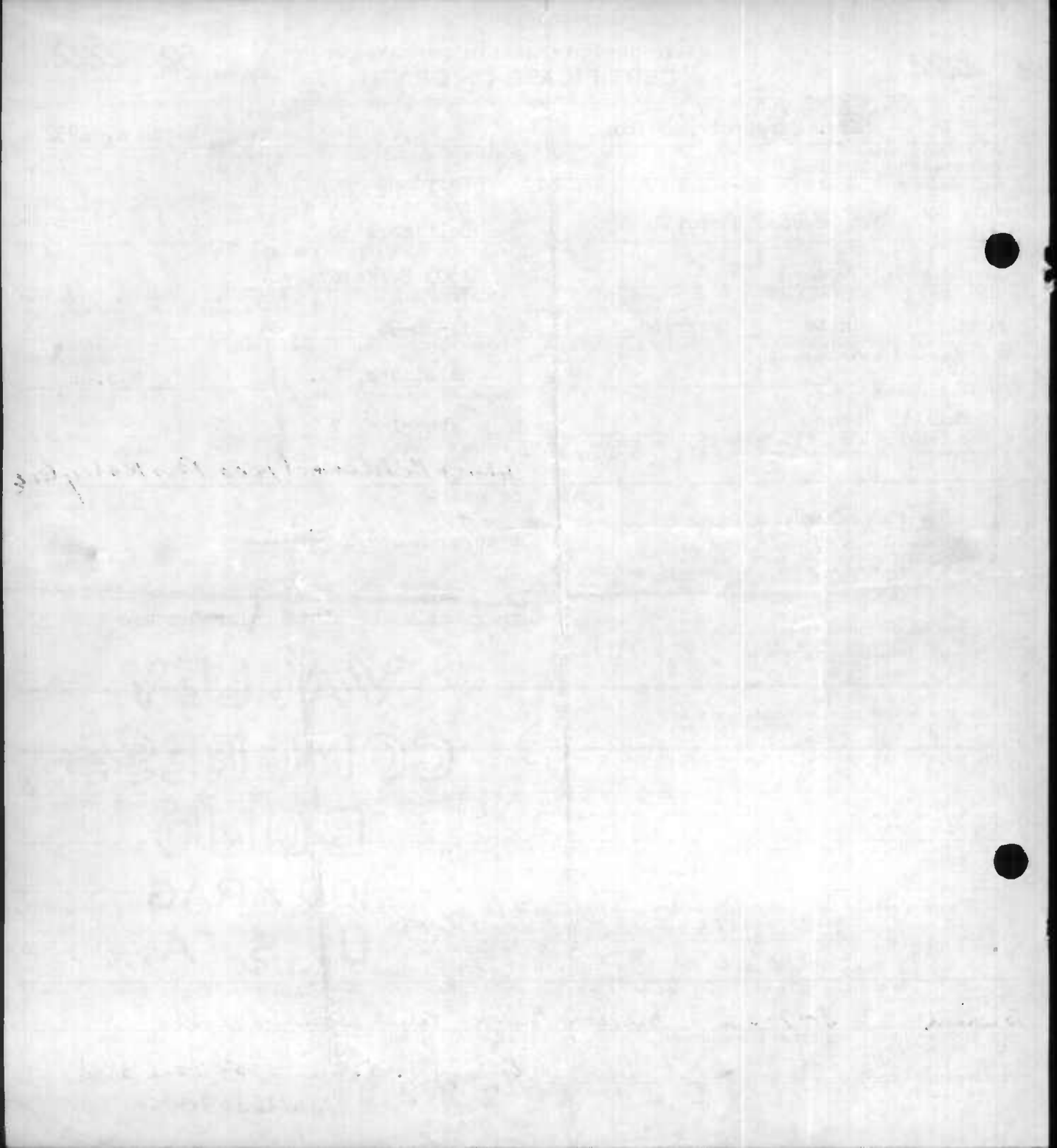
**Huntington Williams**

25. FUNERAL DIRECTOR

ADDRESS

**Edward J. Tolson 1359 Wash Blvd**

MEDICAL CERTIFICATION



620  
52 2223  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2223

1. NAME OF DECEASED (Type or Print) <i>Ida B Grace</i>			2. DATE OF DEATH <i>5-4-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City Md</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Balto</i> COUNTY <i>City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1800 Spencer St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>1800 Spencer ST</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>Balto Md</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>7-7-1892</i>	9. AGE (In years last birthday) <i>29</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Geo Pfeiffer</i>			12. CITIZEN OF WHAT COUNTRY? <i>usa</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs W E Grace</i>			ADDRESS <i>1800 Spencer ST Balto</i>		

18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Cardiac failure</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>General Metastases</i>		<i>6 mos</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO <i>Carcinoma Breast</i>		<i>3 yrs</i>

19A. DATE OF OPERATION <i>about 3 yrs ago</i>	19B. MAJOR FINDINGS OF OPERATION <i>Computer left breast Carcinoma Breast</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar 3 1952* to *Mar 4, 1952* and that death occurred at *Mar 4, 1952* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Geo W Kieffer</i>	23B. ADDRESS <i>2470 Park Blvd</i>	23C. DATE SIGNED <i>Mar 6 52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-7-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park Bur</i>
24D. LOCATION (City, town, or county) (State) <i>Fredrick Rd</i>	25. FUNERAL DIRECTOR <i>Echo Funeral 2359 W 4th St</i>	ADDRESS <i>Balto Md</i>

STATE OF TEXAS  
COUNTY OF DALLAS

STATE OF TEXAS  
COUNTY OF DALLAS

2



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52 2224**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Nunzia Donatelli**2. DATE  
OF  
DEATH**March 4th 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **6025 Old Harford Rd.**4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE **Md.** B. COUNTY (before admission)B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)**Beech Hill Nursing Home**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

**5010 Oaklyn Ave**c. Length of stay in Baltimore **1 life**Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**White**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

**March 3rd 1907 45**9. AGE (In years,  
last birthday)If Under 1 Year  
Months: Days: Hours: Min.**1**10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR  
INDUSTRY**Home**

11. BIRTHPLACE (State or foreign country)

**Baltimore**12. CITIZEN OF  
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

**Frank Tellini**

14. MOTHER'S MAIDEN NAME

**Grazia ?**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Ralph Donatelli 5010 Oaklyn Ave**18. **443X I**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) **Cerebral Hemorrhage**

DUE TO

**3 days.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **Hypertensive Cardio Vascular Disease**

DUE TO

**3 yrs.**

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from **4/14**, 19**48** to **3/3**, 19**52**, that I last saw the  
deceased alive on **3/4**, 19**51**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**March 7/52**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer Cemetery 4430 Belair Rd.**

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

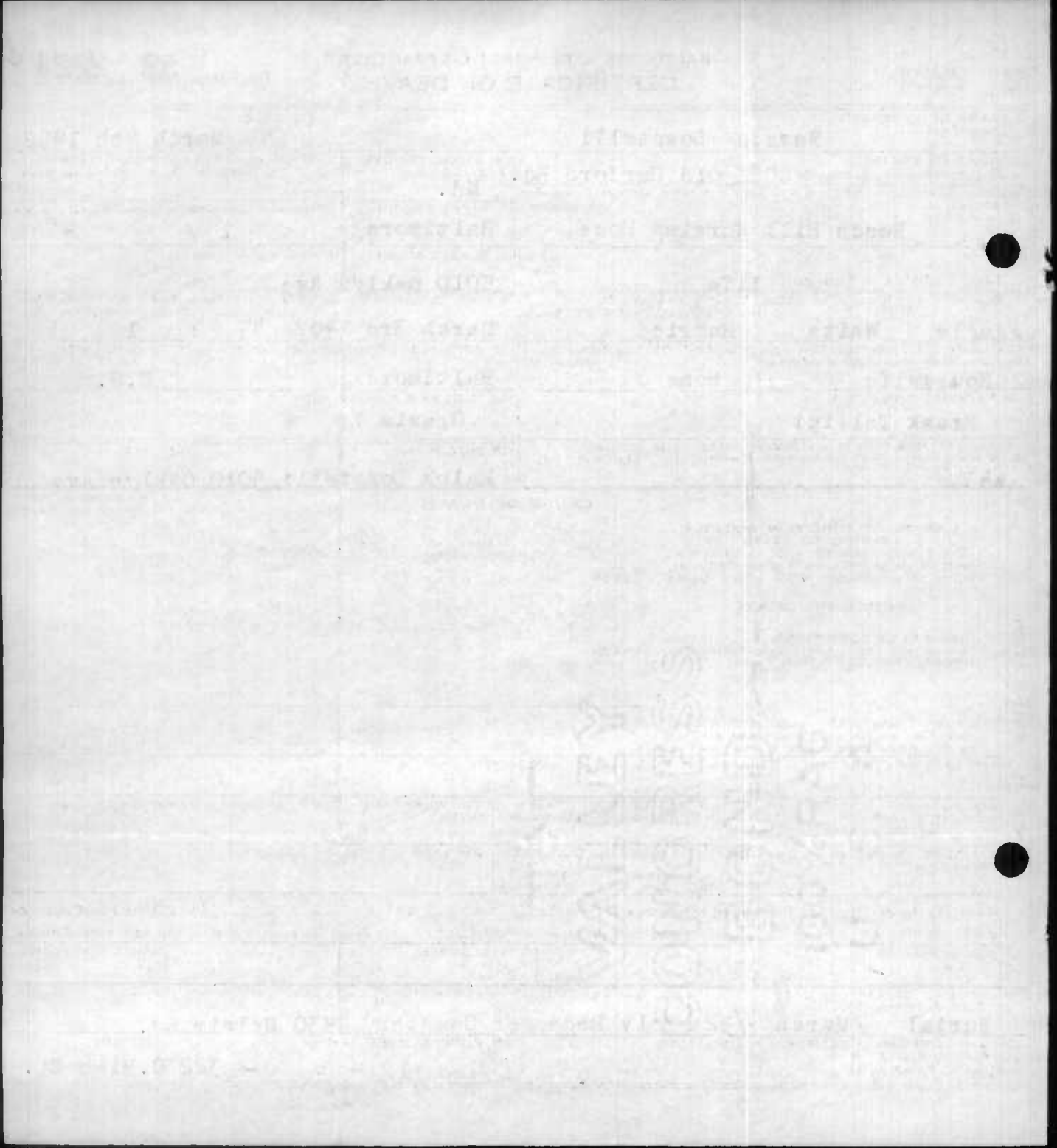
ADDRESS

**MAR 6 - 1952****Huntington Williams, Jr.****Thayer Deller Wose 322 S. High St.**

VS 150

**2222****93D**

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2225  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LOUISIANNA (LULU) CORDELIA BOWEN</b>			2. DATE OF DEATH <b>Mar. 4, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Md.</b> b. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Methodist Home for the Aged</b> <b>2211 W. Rogers Ave.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>2211 W. Rogers Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>July 24, 1879</b>		9. AGE (In years last birthday) <b>72</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>-</b>
13. FATHER'S NAME <b>JAMES C. BOWEN</b>			14. MOTHER'S MAIDEN NAME <b>MARY REBERGER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT ADDRESS <b>Mrs. Mamie B. Fisher - 2211 W. Rogers Ave</b>		

18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Months</b>
DUE TO (A) <b>Carcinoma of Colon</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>-</b>		
DUE TO (C) <b>-</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>-</b>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 2</b> , 1952 to <b>March 3, 1952</b> , that I last saw the deceased alive on <b>3-3</b> , 1952, and that death occurred at <b>m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Arthur J. Davis, M.D.</b>		23b. ADDRESS <b>800 W. 33rd St.</b>		23c. DATE SIGNED <b>3-6-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/7/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>St. John's Lutheran &amp; Sons</b>	
				ADDRESS <b>Balto Md. 46E</b>	

CERTIFICATE OF DEATH

MADE BY THE REGISTER GENERAL

SSS 52

CAUSE OF DEATH

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

NAME OF DECEASED

DATE OF DEATH

500  
52 2226  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2226

1. NAME OF DECEASED (Type or Print) <i>Charles Keene</i>		2. DATE OF DEATH <i>March 3, 1962</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>19-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>524 N Calhoun St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>524 N Calhoun St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 10, 1877</i>
9. AGE (In years, last birthday) <i>74</i>		10. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waiter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Food</i>	
11. BIRTHPLACE (State or foreign country) <i>Cambridge Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Alfred Keene</i>		14. MOTHER'S MARRIAGE NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Maggie Keene</i>		ADDRESS <i>524 N. Calhoun St.</i>	
18. I <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Hemiplegia</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>		(A) <i>Stroke</i> DUE TO <i>Cerebral Vascular Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> (B) <i>Stroke</i> DUE TO <i>Cerebral Vascular Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> (C) <i>Stroke</i> DUE TO <i>Cerebral Vascular Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 18, 1952</i> to <i>Feb 3, 1962</i> , that I last saw the deceased alive on <i>Feb 2, 1962</i> , and that death occurred at <i>4:45</i> a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. H. W. W.</i>		23B. ADDRESS <i>5156 Calhoun St.</i>	
23C. DATE SIGNED <i>3/6/62</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar. 3, 1962</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral C.</i>		24D. LOCATION (City, town, or county) <i>Balto.</i>	
24E. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		24F. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Williams</i>	
24G. ADDRESS <i>322</i>			
MAR 6 - 1962			
VS 150			

1922

RECEIVED BY THE NATIONAL BUREAU OF

STATISTICS OF THE DEPARTMENT OF COMMERCE

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200  
52 2227BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2227

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Hezzie Lewis

2. DATE  
OF  
DEATH

March 4, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1443 Ward St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1443 Ward St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 20, 1898

9. AGE (in years)

63

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Me/Fa Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hezekiah Lewis

14. MOTHER'S MAIDEN NAME

Luvonia Finney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Elizabeth Lewis

ADDRESS 1443 Ward St.

18. 1562 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Metastatic Carcinoma in liver

1 month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

Jan 1952

19b. MAJOR FINDINGS OF OPERATION

Carcinoma in liver

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1952, to 3-4-52, 1952, that I last saw the deceased alive on 3-4, 1952, and that death occurred at 4:50 AM, from the causes and on the date stated above.

23a. SIGNATURE

John P. Welsh, Jr.

M. D.

23b. ADDRESS

1227 Ward Blvd

23c. DATE SIGNED

3-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Mar 7, 1952

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cms. Balto.

24d. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 6 - 1952

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

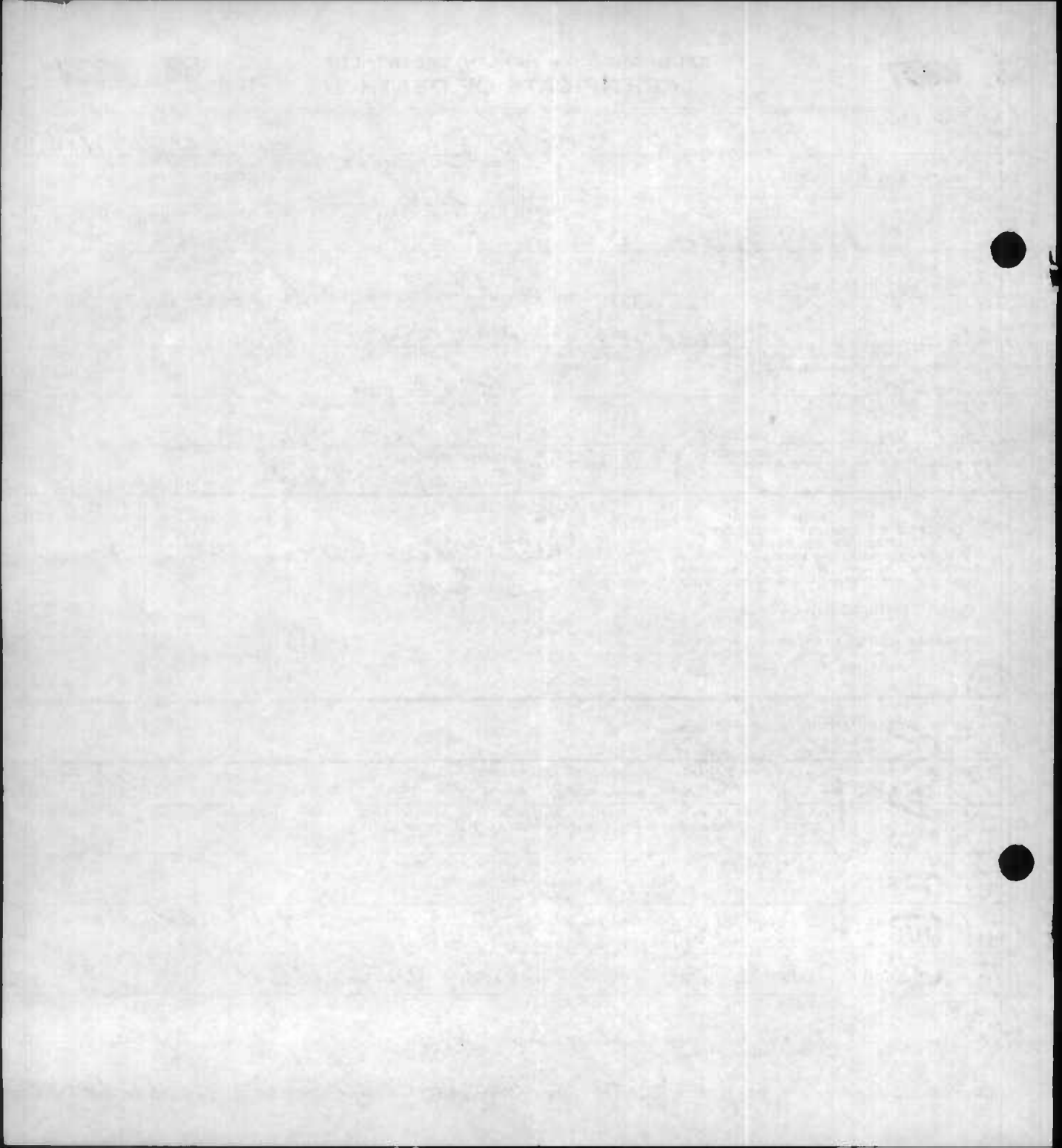
25. FUNERAL DIRECTOR

Wilmington Williams

ADDRESS

392 9th St





650  
52 2228BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2228

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>George Brown</i>		2. DATE OF DEATH <i>March 4, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Ba/to.</i>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>125 N. Amity St.</i>		c. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>18-01</i>			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>125 N. Amity St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 14, 1874</i>	9. AGE (In years, last birthday) <i>77</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>B &amp; O. R.R.</i>		11. BIRTHPLACE (State or foreign country) <i>Eastern Shore Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13. FATHER'S NAME <i>George Brown Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Gertrude ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Carrie Brown 125 N Amity St.</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Coronary Vascular Renal</i> DUE TO (B) <i>Disease, Hypertension, Cerebral Hemorrhage</i> DUE TO (C) <i>1 year</i>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/5</i> , 19 <i>52</i> , to <i>2/4</i> , 19 <i>52</i> that I last saw the deceased alive on <i>2/2</i> , 19 <i>52</i> and that death occurred at <i>10 a.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>M. T. Cackem</i>		23b. ADDRESS <i>600 N. Calhoun St.</i>		23c. DATE SIGNED <i>2/6/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Mar. 8, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Aratus Memorial</i>	
24d. LOCATION (City, town or county)		24e. FUNERAL DIRECTOR <i>W. H. Williams</i>		24f. ADDRESS <i>392</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 6 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		FURNERARY DIRECTOR'S SIGNATURE <i>H. Schmidt</i>	



655  
52 2229BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2229

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

OLLIE

NORMAN

2. DATE  
OF  
DEATH

MAR 4 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3217 Powhatan Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

May 1893

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Raleigh N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

P

14. MOTHER'S MARDEN NAME

P

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or oooooo) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Morris O'Fit 3217 Powhatan Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Renal Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Bimign Nephrosclerosis

DUE TO

(C) Generalized Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1952, to MAR 4, 1952, that I last saw the deceased alive on MAR 4, 1952, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Mossen

23B. ADDRESS

University Hosp

23C. DATE SIGNED

3/4/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Mar. 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 8 1952

Huntington

25. FUNERAL DIRECTOR

Wm. R. Williams

ADDRESS

Schroeder St.

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1925

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX AT BIRTH

RACE AT BIRTH

EDUCATION AT BIRTH

OCCUPATION AT BIRTH

RELIGION AT BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX AT BIRTH

RACE AT BIRTH

EDUCATION AT BIRTH

OCCUPATION AT BIRTH

RELIGION AT BIRTH

62-3  
52 2230BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2230  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH FORRESTER

2. DATE  
OF  
DEATH

MAR 5 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

UNIVERSITY HOSPITAL

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

B. DATE OF BIRTH

Feb 25, 1909

9. AGE (In years,  
last birthday)

43

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Clarence Forrester, Cumberland

18. 445X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) CEREBRAL EDEMA

DUE TO

6-12 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) RENAL FAILURE + UREMIA

DUE TO

1 WK

(C) MALIGNANT HYPERTENSION

1-2 MOS

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

GENERALIZED ARTERIOSCLEROSIS

? YRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/52, 19, to 3/5/52, 19, that I last saw the  
deceased alive on 3/5/52, 19, and that death occurred at 9:17 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Moss

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/6/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 9 1952

24C. NAME OF CEMETERY OR CREMATORY

Davidsonville

24D. LOCATION (City, town, or county)

Davidsonville a. a. 6 hrs

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 6-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

T. A. Hardisty &amp; Son, Baltimore, Md.



0530

CERTIFICATE OF DEATH

0530





452  
52 2231BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2231

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Dr. James B. Holmes

2. DATE  
OF  
DEATH

March 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSPT.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

27-15

D. STREET ADDRESS (If rural, give location)  
631 Deepdene Road

c. Length of stay in Baltimore

44 Yrs.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PHYSICIAN

10B. KIND OF BUSINESS OR INDUSTRY

MEDICAL

13. FATHER'S NAME

Mr. James Holmes

8. DATE OF BIRTH

June 18, 1883

9. AGE (in years, last birthday)

68

If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours; Min.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

HOSPT. REC.

ADDRESS

18. 204.4 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Leukemia, type undetermined

?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1952, to Mar 3, 1952, that I last saw the deceased alive on Mar 5, 1952, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward S. Nelson

M. D.

23B. ADDRESS Union Memorial Hospital  
Baltimore 18 Maryland23C. DATE SIGNED  
Mar 5, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-7-1952

24C. NAME OF CEMETERY OR CREMATORY

DRUID RIDGE

24D. LOCATION (City, town, or county)

Pikesville

(State)

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 6 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H.W. JENKINS &amp; SONS Co. 4905 YORK RD.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 2232

1. NAME OF DECEASED  
(Type or Print)

IDA EMERY COOKE

2. DATE  
OF  
DEATH

March 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

946 Argonne Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

946 Argonne Drive

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

June 8, 1873

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
never worked

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Rufus Emery Cooke

14. MOTHER'S MAIDEN NAME

Roxanna Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
no

17. INFORMANT

ADDRESS

Mr. Robert Anderson-946 Argonne Dr.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease  
DUE TO

20 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...  
DUE TO  
(C) ...

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Osteoporosis, Generalized

10 years

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  
No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 31, 1950, to March 4, 1952, that I last saw the deceased alive on Mar 4, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph H. Bird

M. D.

23B. ADDRESS

1532 Haverwood Rd

23C. DATE SIGNED

Mar 6, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Mar. 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Mr. J. Dickener & Sons

930 Balto 17 Md

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

Cause of Death

MADE  
TO ORDER

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered 58 2233

BIRTH NO. 2233

1. NAME OF DECEASED (Type or Print) <b>FRANKEL, ABRAHAM</b>		2. DATE OF DEATH <b>3/6/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Luthers Hospital of Md.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 15-09</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>3726 Winderbourne Rd.</b>	
5. SEX <b>m</b>	6. COLOR OR RACE <b>w</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>?</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		9. AGE (In years last birthday) <b>76</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Austria</b>	
13. FATHER'S NAME <b>not known</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Desaire ?</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Alan Frankel - same</b>	

18. <b>434 3, and E916.0</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary edema</b> DUE TO <b>Plural + pericardial effusion</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>1st and 2nd William V. Spotts M.D.</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <b>✓</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>✓</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Home, 3726 Winderbourne Rd.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>1 28 52 m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Fell asleep smoking</b>	
22. I hereby certify that I attended the deceased from <b>3/1</b> , 1952, to <b>3/6</b> , 1952, that I last saw the deceased alive on <b>3/5</b> , 1952, and that death occurred at <b>7:22 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>James M. Medina M.D.</b>		23B. ADDRESS <b>Luthers Hospital</b>		23C. DATE SIGNED <b>3/6/52</b>	

24. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24B. DATE <b>3-7-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Louder Park</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Jack Lewis</b>		ADDRESS <b>2100 Canton Pl</b>	

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236  
correct to be very important. Infants, please write the cause of death clearly and

Leister

52 2234

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2234

Registered No. \_\_\_\_\_

BIRTH NO. 52-05199

1. NAME OF DECEASED (Type or Print) <i>Paul Kenneth Leister</i>			2. DATE OF DEATH <i>3/6/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i> Md. </i> B. COUNTY <i> Balt. </i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt. 12-07</i>		
c. Length of stay in Baltimore <i>2 1/2</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2642 Hampden Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>3/4/52</i>	9. AGE (in years; last birthday) <i>2 1/2</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
13. FATHER'S NAME <i>Paul Leister</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Mrs Margaret Marshal, 2642 Hampden Ave.</i>			ADDRESS		

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Premature Infant.</i>  INTERVAL BETWEEN ONSET AND DEATH
---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/4</i> 1952, to <i>3/6</i> 1952, that I last saw the deceased alive on <i>3/6</i> 1952, and that death occurred at <i>12:40</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>A. E. Keenan</i>		23B. ADDRESS <i>Mercy Hosp.</i>		23C. DATE SIGNED <i>3/6/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 9, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Marys</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore City</i>		25. FUNERAL DIRECTOR <i>L. Scott Brooks, Sparks, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 6 - 1952</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>			



DEPARTMENT OF HEALTH

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT		52 2235	
CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		52 2235	
1. NAME OF DECEASED (Type or Print) <i>Lydia Watts</i>		2. DATE OF DEATH <i>3/4/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland General</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Med. Gen. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Edgemont 27-16</i>	
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2805 Edgemont Circle #15</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>wid.</i>	8. DATE OF BIRTH <i>Oct. 18, 1862</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>89</i>
13. FATHER'S NAME <i>William Rodgers</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Co., Maryland U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Isabelle Blatchley</i>	
17. INFORMANT <i>Miss Mabel Waxter</i>		ADDRESS <i>2805 Edgemont Circle</i>	
18. <i>331X and E 903.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage.</i>		CAUSE OF DEATH (A) <i>Cerebral hemorrhage.</i> DUE TO (B) <i>Generalized arteriosclerosis.</i> DUE TO (C) <i>fact of age</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <i>5 d.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY <i>R. H. Jones</i> CHIEF OR ASST. MEDICAL EXAMINER.	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21C. WHERE DID INJURY OCCUR? <i>2805 Edgemont Circle.</i>		21D. TIME (Month) (Day) (Year) (Hour) <i>Feb 22, '52</i>	
21E. INJURY OCCURRED <i>A m.</i>		21F. HOW DID INJURY OCCUR? <i>stumbled over floor</i>	
22. I hereby certify that I attended the deceased from <i>Feb 22, 1952</i> , to <i>Mar 4, 1952</i> , that I last saw the deceased alive on <i>Mar 4, 1952</i> , and that death occurred at <i>6:10 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. E. Bryant</i>		23B. ADDRESS <i>321 N. W. St.</i>	
23C. DATE SIGNED <i>3/4/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 7/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>		24D. LOCATION (City, town, or county) (State) <i>Pikesville, Maryland</i>	
25. FUNERAL DIRECTOR <i>Loring Rogers</i>		ADDRESS <i>5005 Park Heights Blvd</i>	

MAR 7 - 1952  
MAR 156

N-820.0

83a



52 2236

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JL- 157068

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Samuel Reynolds

2. DATE  
OF  
DEATH

3-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-03

D. STREET ADDRESS (If rural, give location)

2031 Christian St-23

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 20, 1870

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Reynolds

14. MOTHER'S MAIDEN NAME

Rachel McConville

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT  
ADDRESS

B. C. H. Records, 4940 Eastern Av.

18. E903.01

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hemorrhage into wound site

DUE TO

6hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Fracture of Left Hip

DUE TO

3 wks.

(C) Arteriosclerotic heart disease

Congestive failure

1 to 2 hrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-4-52

19B. MAJOR FINDINGS OF OPERATION

Fracture of neck of left Femur

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

Accident

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

at home

21C. WHERE DID  
INJURY OCCUR?

2031 Christian St.

(If in Baltimore City, give exact location)

20/3

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Feb 16, 1952

21E. INJURY OCCURRED

TH.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell at home

(slipped & fell 40  
feet)22. I hereby certify that I attended the deceased from Mar. 1, 1952 to March 4, 1952 that I last saw the  
deceased alive on Mar 4, 1952, and that death occurred at 6.47 PM from the causes and on the date stated above.

23A. SIGNATURE

G. S. Hogan, M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-4-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-8-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 7-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. L. Schwab 2101 Frederick Ave

ADDRESS

VS 150

N-820.2

10 9 15 approved by Medical Examiner

186a

Write the cause of death clearly and briefly.

MEDICAL CERTIFICATION

STATE OF NEW YORK  
CERTIFICATE OF DEATH

17-1708

17-1708

17-1708

17-1708

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17-1708

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52 2237

52 2237

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Douglas Fish

2. DATE  
OF  
DEATH

March 6/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-14-31

9. AGE (in years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Dean Douglas Fish

14. MOTHER'S MAIDEN NAME

Blanca Escobar

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 474X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Laryngotracheitis  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Cardiac decompensation  
DUE TO

(C) Pure pulmonary stenosis

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1952, to 3/6, 1952, that I last saw the  
deceased alive on 3/6, 1952, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-6-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

3/6/52

Ft. Lincoln

Washington

D.C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1952

Huntington Williams, M.P. Williams, J. Techner, Son, Balto, Md.



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Dec 18 1918

1918

CAUSE OF DEATH

1. Influenza  
2. Pneumonia  
3. Septicemia  
4. Gangrene  
5. Other

1. Influenza  
2. Pneumonia  
3. Septicemia  
4. Gangrene  
5. Other

1. Influenza  
2. Pneumonia  
3. Septicemia  
4. Gangrene  
5. Other



correct age is especially important. Physicians: please write the cause of death clearly and legibly.

52 2238 562		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 2238 Registered No.	
BIRTH NO. <u>Gr 4464</u>		1. NAME OF DECEASED (Type or Print) <b>FRANK GERALD JAMERSON</b>		2. DATE OF DEATH <b>March 5, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b>		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		<b>13-08</b>	
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>2276 Druid Park Drive</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 11, 1945</b>	9. AGE (In years last birthday) <b>6 yrs.</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>school</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Wm. R. Jamerson</b>		14. MOTHER'S MAIDEN NAME <b>Cassie T. Hubble</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Cassie T. Jamerson-2276 Druid Pk. Drive</b>	
18. <b>E812.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fracture of skull</b> DUE TO <b>Craniocerebral injury</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Druid Pk. Ave. &amp; Greenspring Ave. 13/8</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>March 5, 1952 3:00 P.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by auto</b>	
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <b>accident</b> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dunsen</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>3-6-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3-8-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 7 - 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <b>Austin E. Donovan</b>	
VS 151		ADDRESS <b>3900 Roland Ave, Md</b>		<b>3818 Roland Avenue</b>	

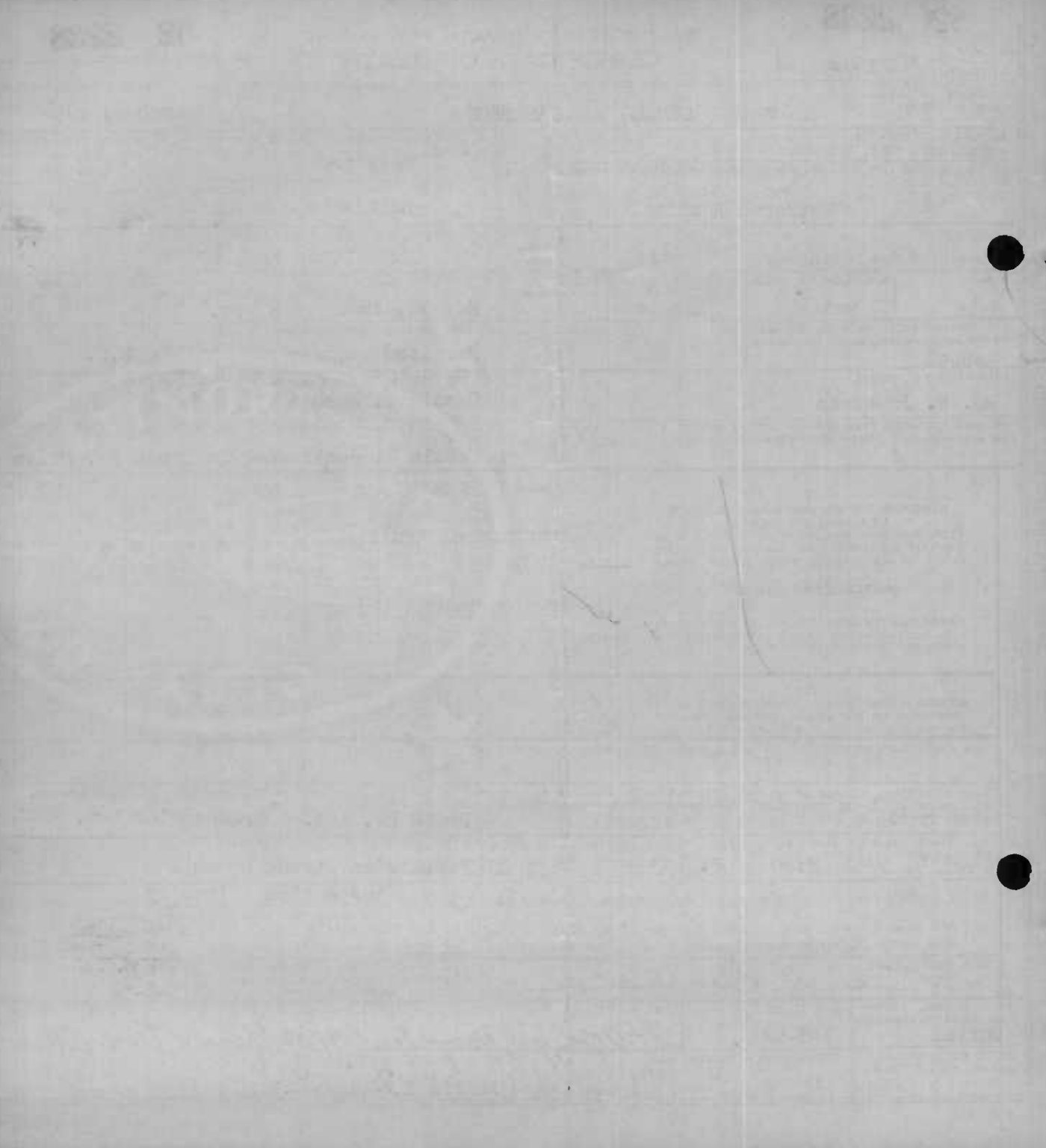
N-03.2

170 C ✓

8000 SI

8000 SI

DATE 12-1-1973



52 2239

52 2239

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) *Katherine R. Ruth*2. DATE  
OF  
DEATH *March 4-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2434 E. Lafayette Ave*4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *MD.*  
B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. *4 yr. 1*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Chronic Cor Pulmonale*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10 AM* 19*46*, to *4 PM* 19*52*, that I last saw the  
deceased alive on *4 PM* 19*52* and that death occurred at *1 PM* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

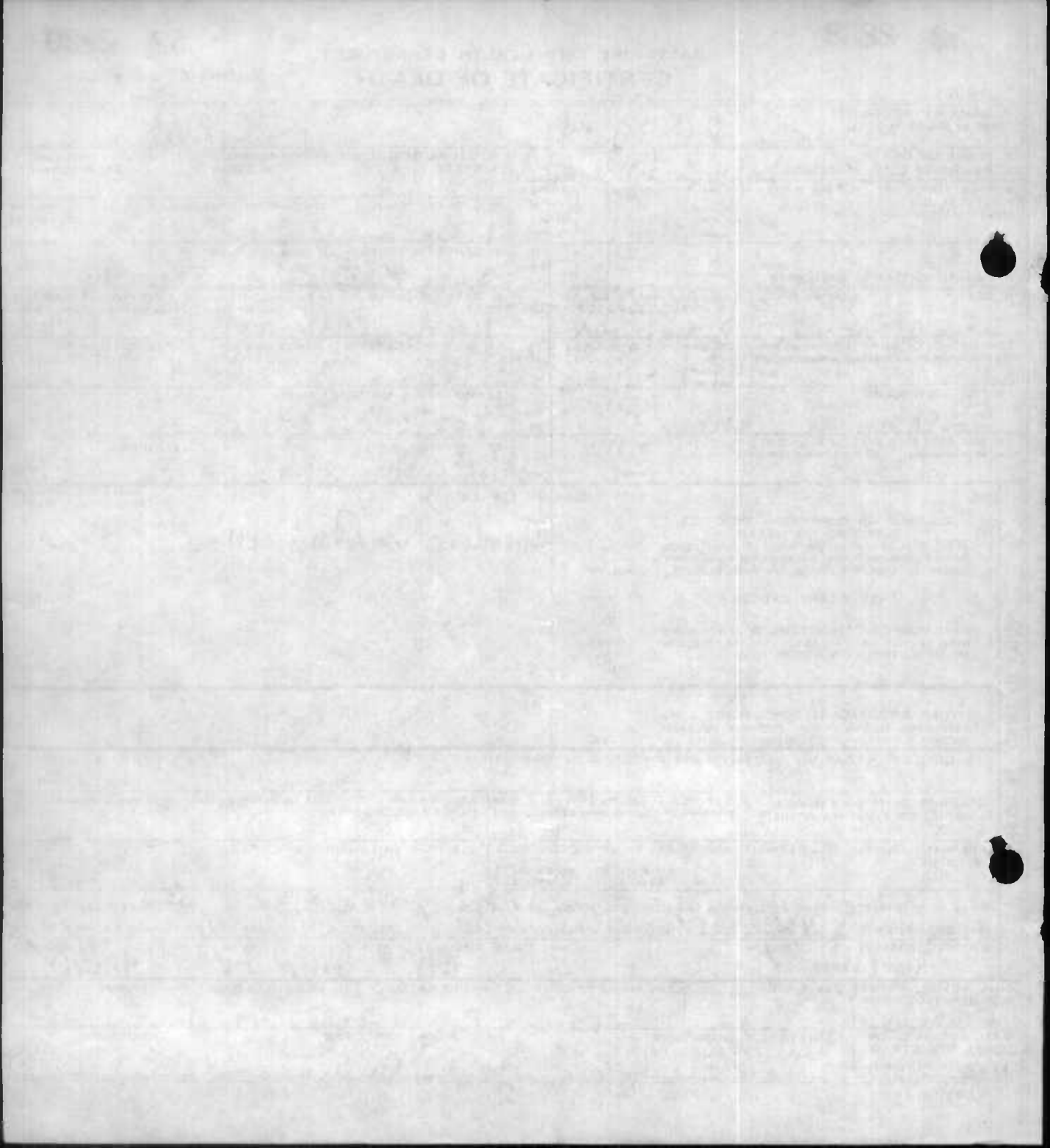
MAR 7-1952

VS 150

MEDICAL CERTIFICATION

correct age is 3 years 11 months - please write the causes of death clearly and briefly.

937



52 2240

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2240

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1103 N. Port St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday) If Under 1 Year  
Months: Days If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CARCINOMA CARDIAC END OF STOMACH

2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Sept 10, 1949 to MARCH 5, 1952, that I last saw the  
deceased alive on MARCH 5, 1952, and that death occurred at 8:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CRIMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

683 248 238

46R

MEDICAL CERTIFICATION

correct age is extremely important. Physicians, please write the causes of death clearly and legibly.

0-55

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2241  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Briscoe Brister Smith

2. DATE  
OF  
DEATH

March 4, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1144 N. Carrollton Ave.

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10b. KIND OF BUSINESS OR  
INDUSTRY

Tailoring

13. FATHER'S NAME

Jacob Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes World 1

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Oct. 3, 1900

9. AGE (In years  
last birthday)

51

11 Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Lancaster Co. Va.

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Keziah Jones

17. INFORMANT

ADDRESS

Mrs. Mary Smith 1144 N. Carrollton Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH177X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cancer --Prostates

?

ANTECEDENT CAUSES

DUE TO

(B) Metastasis to liver

?

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C) None

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

None

19a. DATE OF OPERATION

Nov. 1951

19b. MAJOR FINDINGS OF OPERATION

Cancer (J.H. Hospt.)

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1951, to March 4, 1952 that I last saw the  
deceased alive on March 3, 1952, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE

George McDonald

M. O.

23b. ADDRESS

844 N. Carey St. Balt. Md.

23c. DATE SIGNED

3/6/52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

March 7, 1952 Baltimore National

24c. NAME OF CEMETERY OR CREMATORY

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 7 - 1952

VS 150

25. FUNERAL DIRECTOR

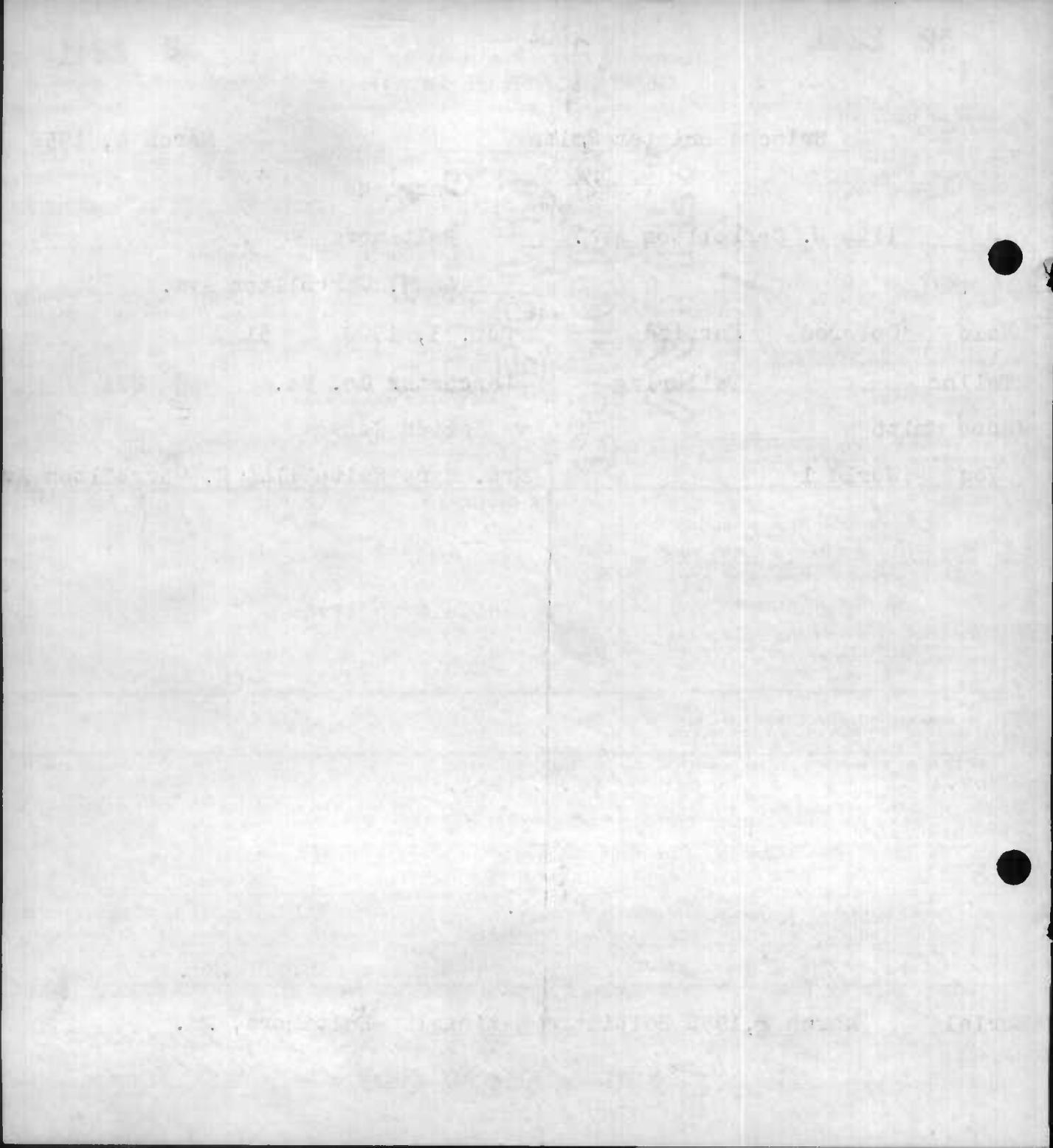
Mrs. George H. Hallman

590 46

51R

MEDICAL CERTIFICATION





640  
52 2242BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2242

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Agnes Farrell

2. DATE  
OF  
DEATH

3/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 535 Beaumont.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
Baltimore - Md

D. STREET ADDRESS (If rural, give location)

535 Beaumont Ave.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

3/23/1873

9. AGE (In years  
last birthday)

78

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, or, if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

John Farrell

11. BIRTHPLACE (State or foreign country)

Bates Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Roche

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mr. E. J. Farrell

ADDRESS

Same

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinomatous abdomen  
DUE TO

9 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Carcinoma colon  
DUE TO

6 yrs

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

?

19A. DATE OF OPERATION

1946 + 1951

19B. MAJOR FINDINGS OF OPERATION

Intestinal obstruction due to carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to Mar, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frederick J. Vallmer

M. D.

23B. ADDRESS

6100 York Rd

23C. DATE SIGNED

3-5-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/52

24C. NAME OF CEMETERY OR CREMATORY

St. Francis Cemetery

24D. LOCATION (City, town, or county) (State)

Homeland Ave.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Frederick J. Vallmer

25. FUNERAL DIRECTOR

J. J. Fahy

ADDRESS

Same

MAR 10 - 1952

46E

100

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

100

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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BUREAU OF LAND MANAGEMENT

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UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

52 2243  
350

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2243  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Louden

2. DATE  
OF  
DEATH

3-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 3-2-52

24A. BURIAL, CREMA-TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

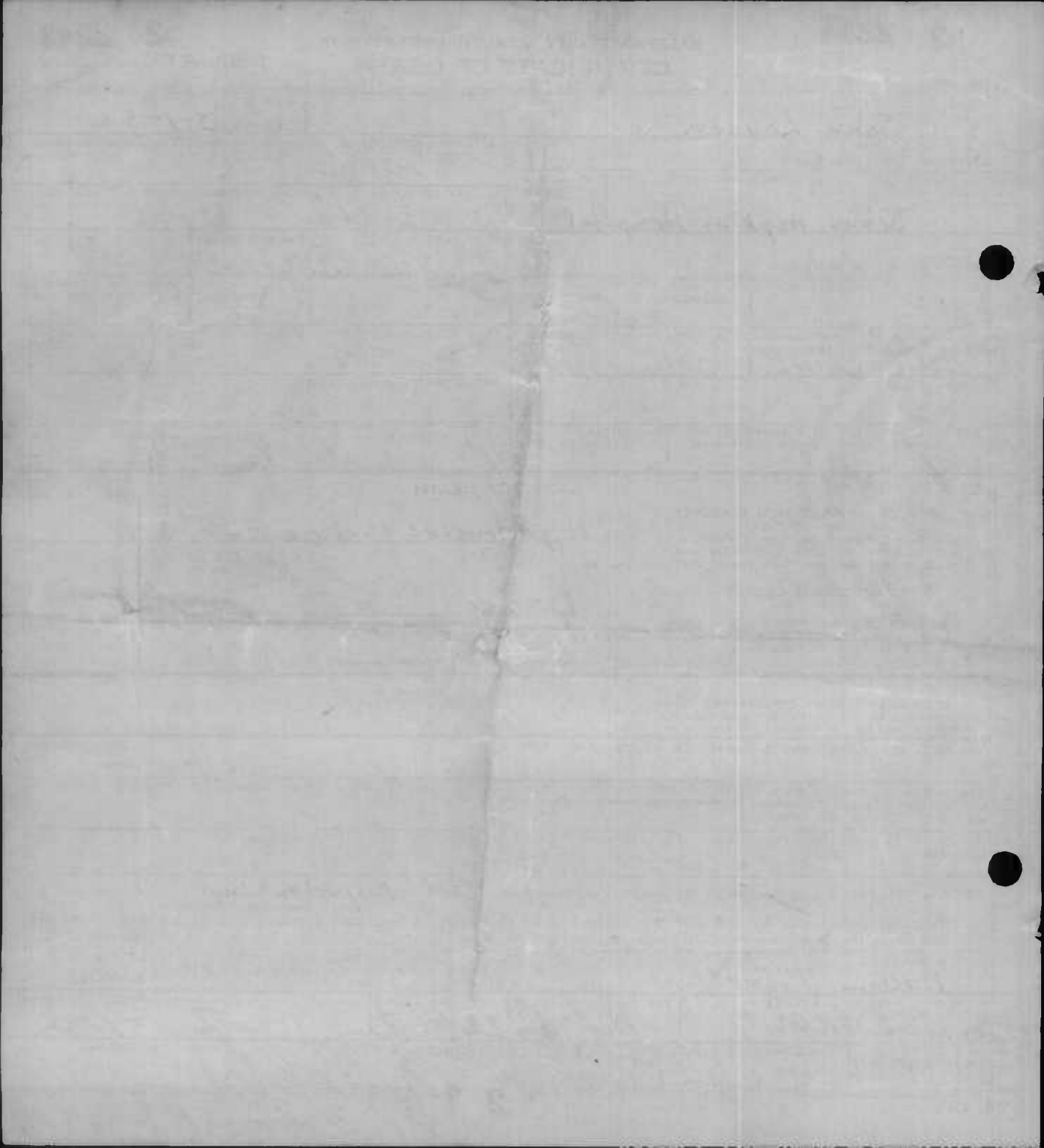
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52 2244

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2244

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SARAH

MATTHEWS

2. DATE  
OF  
DEATH

March 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

611 W. Lexington St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

34

10. Months: Days

11. Under 24 Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Flossie Hill 611 W. Lexington

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

Hypertensive heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED  
March 3, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

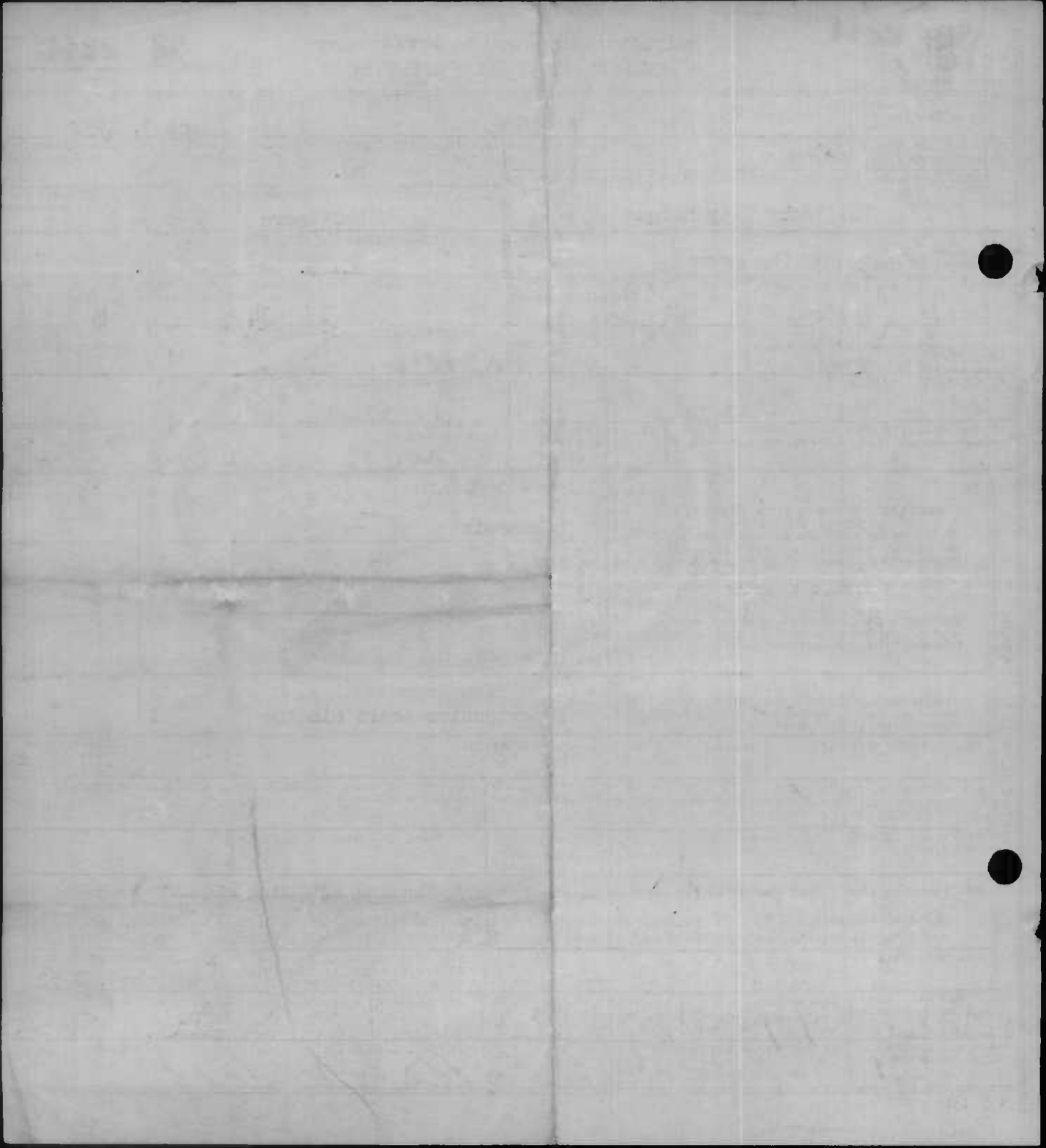
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151





52 2245

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2245  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edward Jones

2. DATE  
OF  
DEATH

3/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

642 W. Hoffman St.

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

642 W Hoffman, St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Robert Jones 102 Cross St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

myocardial degeneration 2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

cerebral arteriosclerosis 1 yr.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4, 1952, to 3-5, 1952, that I last saw the  
deceased alive on 3-5, 1952, and that death occurred at 9:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

10-10-52 Mt Carmel

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

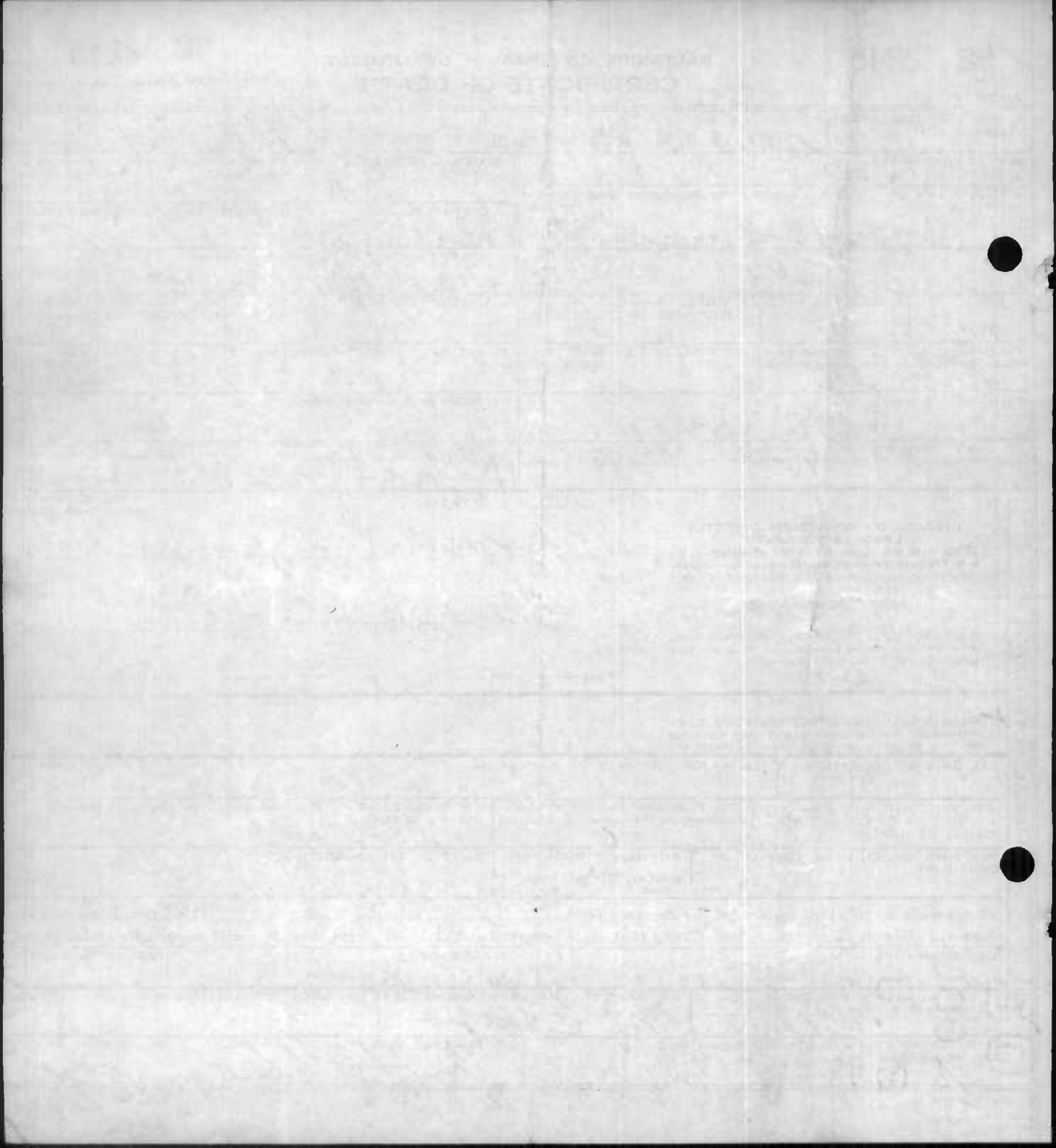
ADDRESS

MAR 7 - 1952

Huntington Williams, M.D.

A. Hartman

918 D



52 2246

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2246  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) Wm. EDGAR AYERS2. DATE  
OF DEATH March 3, 19523. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

Provident Hospital

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

2111 Etting Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/8/1901

9. AGE (In years  
last birthday)

50

H Under 1 Year  
Months DaysH Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR  
INDUSTRY

Public markets

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm. H. Ayers

14. MOTHER'S MAIDEN NAME

Harriett Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Clara Bens-2111 Etting St. City

18. E 962X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Chronic subdural hematomata, bilateral

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Acute and chronic meningitis with  
internal hydrocephalus

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

stairs

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Belair Market

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Dec. 5, 1934

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Fell down stairs and struck head on

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 5, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 7-1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

J. J. Chaffman, Jr.

ADDRESS

1701 McCulloh St.

VS 151

N 854.9

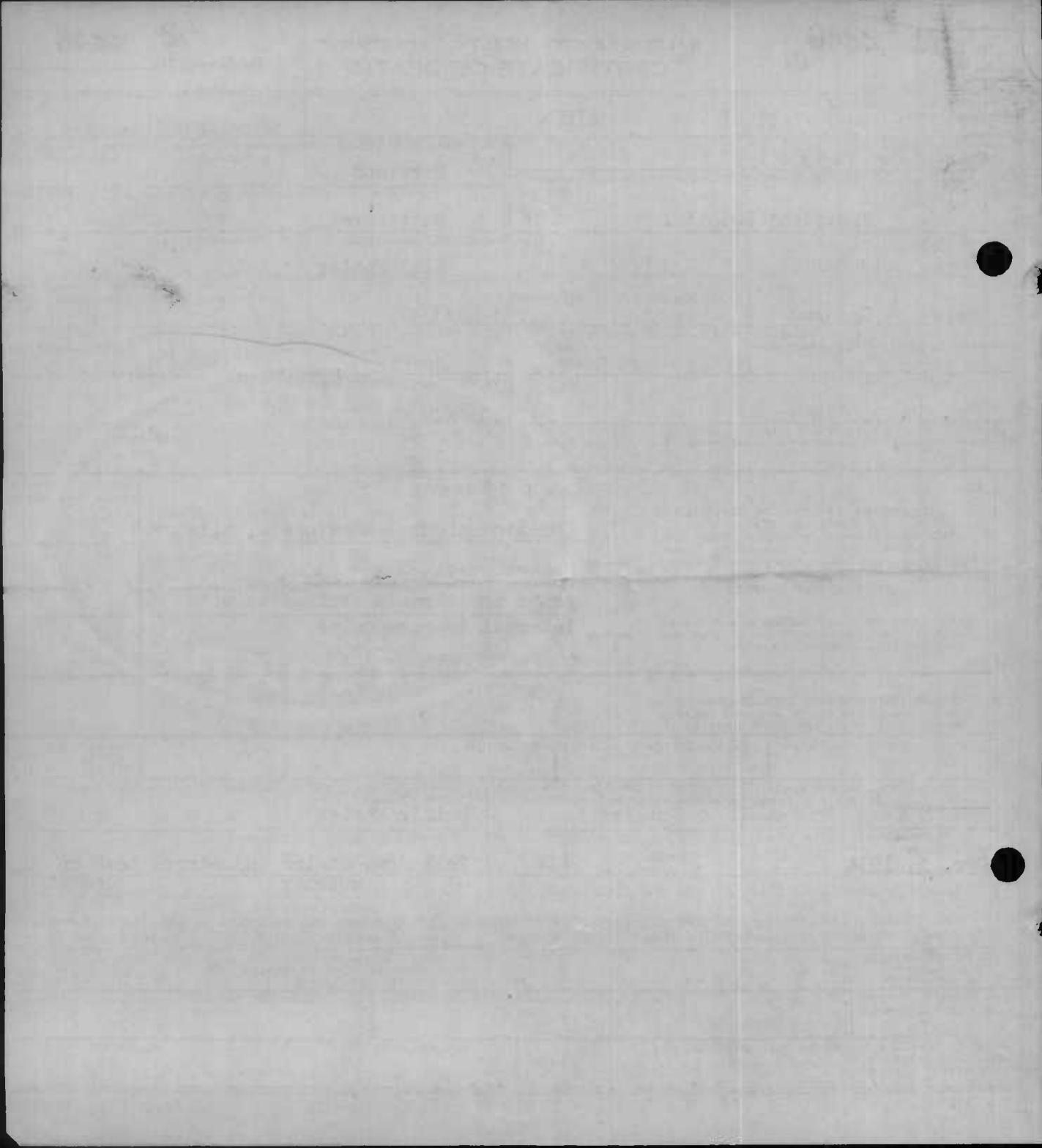
690 6A

Balto. Md. ✓

186a

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and fully.



200  
52 2247BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2247

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hamilton</i> <i>Edward Hough</i>		2. DATE OF DEATH <i>March 5, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Baltimore 12-05</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1720 St. Paul St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>10-20-73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Broker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Stock</i>	
13. FATHER'S NAME <i>Harry Hough</i>		14. MOTHER'S MAIDEN NAME <i>Nannie Hamilton</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>(Yes, give war or dates of service)</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Gastrointestinal Hemorrhage</i> DUE TO <i>Esophageal Varices</i> DUE TO <i>Cirrhosis of Liver</i> (C) <i>16 years +</i>	CAUSE OF DEATH <i>2 days</i> <i>16 years +</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>2-25</i> , 19 <i>52</i> to <i>3-5</i> , 19 <i>52</i> that I last saw the deceased alive on <i>3-5</i> , 19 <i>52</i> , and that death occurred at <i>8:45</i> p.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Richard S. Ross</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3/5/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/8/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
VS 150		25. FUNERAL DIRECTOR <i>2 Km. J. Lickner &amp; Sons</i> <i>124 B Balto 17, Md.</i>	

1917

28

28

RECEIVED FOR THE BOARD OF DIRECTORS

OF THE CITY OF OMAHA

TO THE BOARD OF DIRECTORS OF THE CITY OF OMAHA

FROM THE BOARD OF DIRECTORS OF THE CITY OF OMAHA

FOR THE YEAR ENDING DECEMBER 31, 1917

IN WITNESS WHEREOF, THE BOARD OF DIRECTORS

OF THE CITY OF OMAHA, HAS CAUSED THIS CERTIFICATE

TO BE SIGNED BY ITS PRESIDENT AND CLERK, AND

THEir SEALS TO BE HEREON AFFIXED, THIS 28th DAY

OF JANUARY, 1918.

CITY OF OMAHA

Attest my hand and the seal of the City of Omaha

this 28th day of January, 1918.

Mayor

Clerk

City of Omaha

City of Omaha

City of Omaha

City of Omaha

City of Omaha

City of Omaha

City of Omaha

Attest my hand and the seal of the City of Omaha

this 28th day of January, 1918.

Mayor

Clerk

City of Omaha

City of Omaha

City of Omaha

City of Omaha

City of Omaha

City of Omaha

City of Omaha

City of Omaha



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2248

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sheldon Simdcek

2. DATE  
OF  
DEATH

3-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

Sindi Hospital

C. Length of stay in Baltimore

10

Yrs.

Moe

Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-19-41

9. AGE (In years  
last birthday)

10

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Emil Simdcek

14. MOTHER'S MAIDEN NAME

Vivian Sweitzer.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

father

same

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Hemorrhagic Pneumonia -  
Left Lower Lobe

24 hrs. -

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.CERTIFICATION APPROVED BY  
William Williams, M.D.  
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 3-5, 1952, to 3-6, 1952, that I last saw the  
deceased alive on 3-6, 1952 and that death occurred at 10 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold Farfel

M. D.

23B. ADDRESS

Sindi Hospital

23C. DATE SIGNED

3-6-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-10-52

Holy Redeemer

Balto.

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

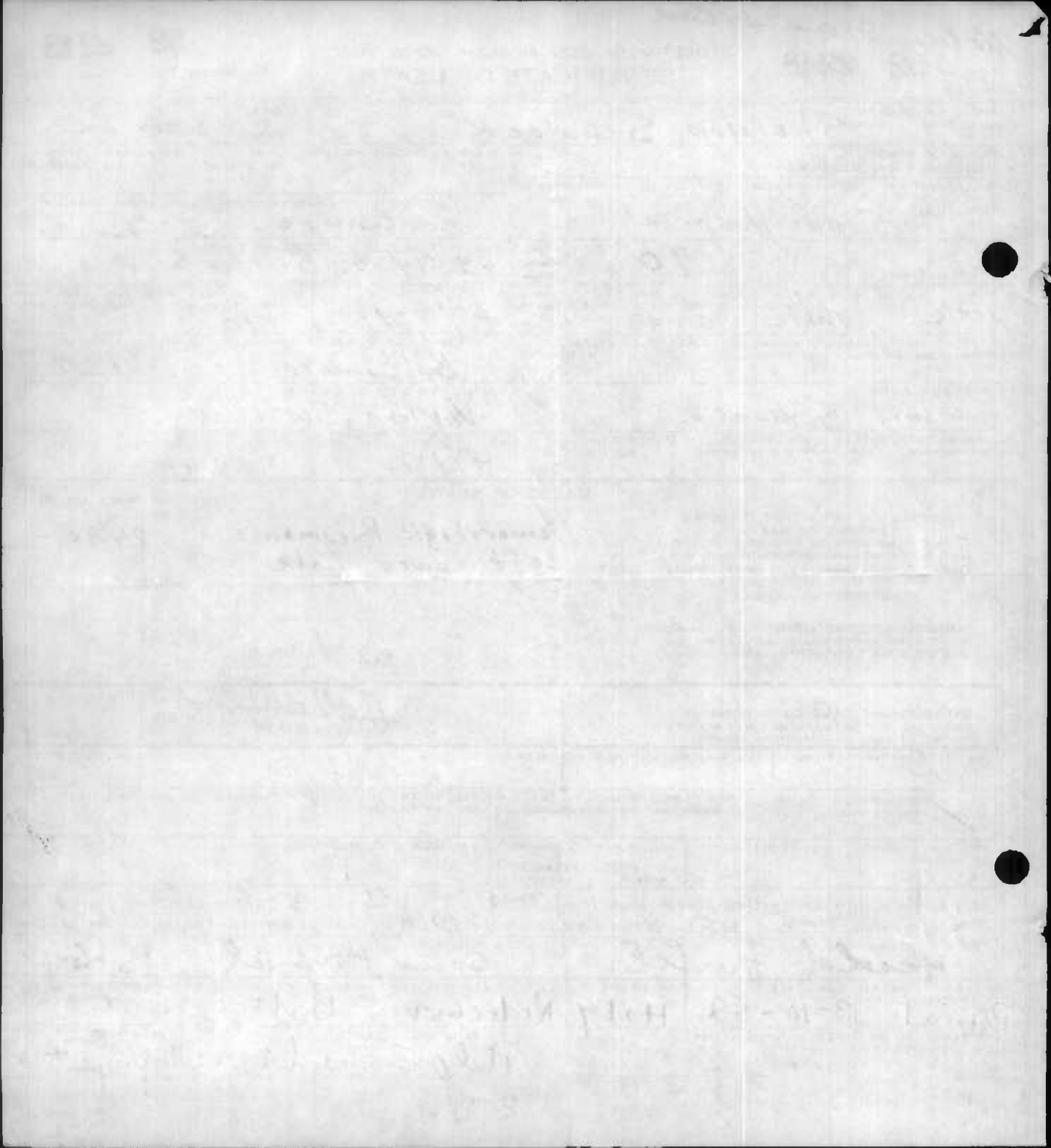
ADDRESS

MAR 7 - 1952

Huntington Williams, M.D.

2716 E. Monument St.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2249  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Myrtle May Claggett

2. DATE  
OF  
DEATH

March 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3617 Hickory Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3617 Hickory Avenue

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

July 13, 1890

9. AGE (In years,  
last birthday)

61

If Under 1 Year  
Months: Days

If Under 24 hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR  
INDUSTRY

Drygoods

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Thomas R. Wann

14. MOTHER'S MAIDEN NAME

Catherine Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

218-28-4039

17. INFORMANT

ADDRESS

Mrs. Ethel E. Rohr 5018 Pilgrim Road

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 1947 to 3/5, 1952, that I last saw the  
deceased alive on 3/5/52, 1952, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

22. SIGNATURE

23. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Baltimore Co. Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgess Funeral Home 3631 Falls Road

Mr. Thos. J. Jordan  
2900 Alameda St.  
Berkeley, Cal.

52 2250

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2250

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALTER

LYTE

2. DATE  
OF  
DEATH

March 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF \_\_\_\_\_ If not in hospital or institution, give street address or location

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1341 N. Fremont Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

67

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

B. West India

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Maggie Jackson 1341 N. Fremont St

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive and arteriosclerotic  
cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry hereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER  
MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 6, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-55 S

0-55 S



52 2251

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2251

Registered No.

BIRTH NO. 52-05055

1. NAME OF DECEASED  
(Type or Print)

BABY BOY HAUF-Franklin Benj.

2. DATE  
OF  
DEATH

March 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL OF MD.

C. Length of stay in Baltimore

9

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Feb. 26, 1952

9. AGE (In years  
last birthday)H Under 1 Year  
Months: Days: H Under 24 Hours  
Hours: Min.

9

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Franklin B. Hauf

14. MOTHER'S MAIDEN NAME

Mildred Sadler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MOTHER

18. 776 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

Prematurity 1 lb 11 oz

9 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from Feb. 26, 1952, to March 6, 1952, that I last saw the deceased alive on March 6, 1952, and that death occurred at 12 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Muriel S. Daly

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

Mar. 6, 1952

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

Burial

24B. DATE

3-7-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Bald. Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. E. Beyer Jr 1512 Hollins St

Bald. 23 Md

159

1000 80

1000 80

THE UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR

LAND OFFICE

WASHINGTON

OFFICE OF THE ASSISTANT SECRETARY

WASHINGTON

DECEMBER 12, 1900

WILLIAM B. ELLIOTT

WASHINGTON

DEPARTMENT OF THE INTERIOR

LAND OFFICE

WASHINGTON

DECEMBER 12, 1900

TO THE SECRETARY

OF THE INTERIOR

WASHINGTON

DECEMBER 12, 1900

YOUR LETTER OF

DECEMBER 10, 1900

IS RECEIVED

AND THE MATTER

IS UNDER CONSIDERATION

OF THE LAND OFFICE

WASHINGTON

DECEMBER 12, 1900

VERY RESPECTFULLY

Yours truly,



52 2252

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2252

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Johanna Wilson

2. DATE  
OF  
DEATH

3/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1231 W. Lafayette Ave

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, City.

D. STREET ADDRESS (If rural, give location)

1231 W. Lafayette Ave

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Anne Arundel County, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Hebron 1231 W. Lafayette Ave.

18. 443X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

?

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) A.H.C.V D

DUE TO

?

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from Feb. 16, 1950, to 3/3/52, 19\_\_, that I last saw the  
deceased alive on 3/3/52, 19\_\_, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

844 N. Carey St. Balt. Md

23C. DATE SIGNED

3/6/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/7/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Ct.

24D. LOCATION (City, town, or county)

Baltimore, City.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1952

Huntington Williams, M.D.

J. L. Brown, W. Montgomery

903

1951

1920

31

35

66

52 2253

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>JAMES JACKSON</b>			2. DATE OF DEATH <b>March 5, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>633 W. Biddle St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>633 W. Biddle St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 21, 1889</b>	9. AGE (In years last birthday) <b>62</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Jan</b>	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs Maggie Cooper 633 W. Biddle St.</b>		

18. <b>162X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>Bronchogenic Carcinoma</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>3-5-52</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **September 1, 1951** to **3-5-52**, that I last saw the deceased alive on **3-5-52**, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Thomas W. Williams</b>	23B. ADDRESS <b>203 W. Lafayette Ave</b>	23C. DATE SIGNED <b>3-6-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3-8-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 7 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. H. Williams</b>	ADDRESS <b>578 W. Biddle St.</b>
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V  
CO

52 2254

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2254  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN

BOARDLEY

2. DATE  
OF  
DEATH

March 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12/26/1915

9. AGE (In years  
last birthday)

36

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Md Container

11. BIRTHPLACE (State or foreign country)

Baltimore, City

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Walter Boardley

14. MOTHER'S MAIDEN NAME

Ida Kelley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Roland Boardley-I003 Peach Street

18. 002X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 5, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/10/52

Mt Calvary Ct.

A.A. County, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

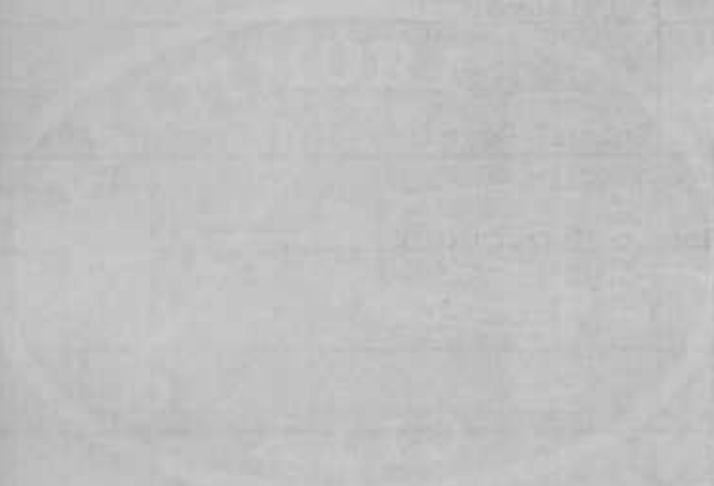
ADDRESS

NSS - S

ACSS - S

2000

1997



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

41552 2255

CERTIFICATE OF DEATH

5/6/52

78

52 2255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-28122

1. NAME OF DECEASED  
(Type or Print)

ALPHONSO

DAVIS

2. DATE  
OF  
DEATH

March 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

417 N. Parrish Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec-1-1951

9. AGE (In years  
last birthday)

11 Months 1 Year  
3 mo.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

None

13. FATHER'S NAME

Samuel Davis

11. BIRTHPLACE (State or foreign country)

Baltimore

14. MOTHER'S MAIDEN NAME

Lula Richerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Lula Davis 417 N. Parrish St

18. 525X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Congenital heart disease

DUE TO

Interstitial pneumonitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Congenital heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED  
March 6, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 7 - 1952

Huntington

Elmer G. Wilson 1000 Beauty up



See Document File 52-2255

Letter from Dr. Stanley H. Durlacher,  
Asst Medical Examiner

525-  
52 2256BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2256  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Frazier J Johnson</i>		2. DATE OF DEATH <i>3/4/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>1522 E. Chase St. Baltimore Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>1522 E Chase St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>29 yr.</i>		D. STREET ADDRESS (If rural, give location) <i>1522 E. Chase St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 25 - 1903</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Contractor</i>	
11. BIRTHPLACE (State or foreign country) <i>Newborn N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>Emma Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Majorie Johnson</i>		ADDRESS	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio-Vascular Disease</i>	CAUSE OF DEATH (A) <i>Cardio-Vascular Disease</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>Nov - 1951</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO (C) 	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec 1951*, to *March 4, 1952*, that I last saw the deceased alive *3/3/52*, and that death occurred at *9:40 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Dr. Julius J. M.D.</i>	23B. ADDRESS <i>511 N. Schuler St.</i>	23C. DATE SIGNED <i>3/4/52</i>
---	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-8-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary am</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	FUNERAL DIRECTOR <i>Chas. O. Wilson</i>	ADDRESS <i>1000 Brooklyn</i>

1952 2256

937

RECEIVED FOR THE  
LIBRARY OF THE  
UNITED STATES DEPARTMENT OF THE ARMY

LIBRARY OF THE  
UNITED STATES DEPARTMENT OF THE ARMY

432  
AB-156960BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52 2257  
62-029601. NAME OF DECEASED  
(Type or Print)

Jonathan Gregory Fletcher

2. DATE  
OF  
DEATH

3-3-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

132 N. Bond St. zone 31

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 8-1952

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

24days

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
'INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Marion Fletcher

14. MOTHER'S MAIDEN NAME

Elizabeth Hyman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18.

754.41

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Congenital Heart Incompatible with  
Life  
DUE TO Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26-1952, to 3-3-1952, that I last saw the  
deceased alive on 3-3-1952, and that death occurred at 7:40P m., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md. 3-5-52

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/7/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR  
MAR 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Elroy O. Wilson 1110 Brantley Ave

ADDRESS

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1915-1916

First Name - [illegible]

Age - [illegible]

Sex - [illegible]

Color - [illegible]

Place of Birth - [illegible]

Married - [illegible]

Occupation - [illegible]

Date - [illegible]

Time - [illegible]

Place - [illegible]

Cause of Death - [illegible]

Immediate Cause - [illegible]

Underlying Cause - [illegible]

Contributing Cause - [illegible]

Medical History - [illegible]

History of Present Illness - [illegible]

History of Past Illness - [illegible]

History of Family - [illegible]

History of Social - [illegible]

History of Mental - [illegible]

History of Physical - [illegible]

History of Pathological - [illegible]

History of Anatomical - [illegible]

History of Physiological - [illegible]

History of Psychological - [illegible]

History of Sociological - [illegible]

History of Environmental - [illegible]

History of Cultural - [illegible]

History of Economic - [illegible]

History of Political - [illegible]

History of Religious - [illegible]

History of Philosophical - [illegible]

History of Scientific - [illegible]

History of Artistic - [illegible]

History of Literary - [illegible]

History of Musical - [illegible]

History of Dramatic - [illegible]

History of Cinematic - [illegible]

History of Televisual - [illegible]

History of Digital - [illegible]

History of Virtual - [illegible]

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300 52 2258

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2258  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Allen (ALAN)

WHITE

2. DATE  
OF  
DEATH

March 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE  
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1620 Milliman Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April-16-1893

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Brickyard

11. BIRTHPLACE (State or foreign country)

Prospect Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Cornelia White 1620 Milliman St

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Multiple fractures of right leg,  
DUE TO pelvis and ribs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Crushing injury of chest  
DUE TO  
(C) Internal hemorrhage

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Ashland Ave. & Caroline Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

March 2, 1952 7:00 A. m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER  
MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 4, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/8/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

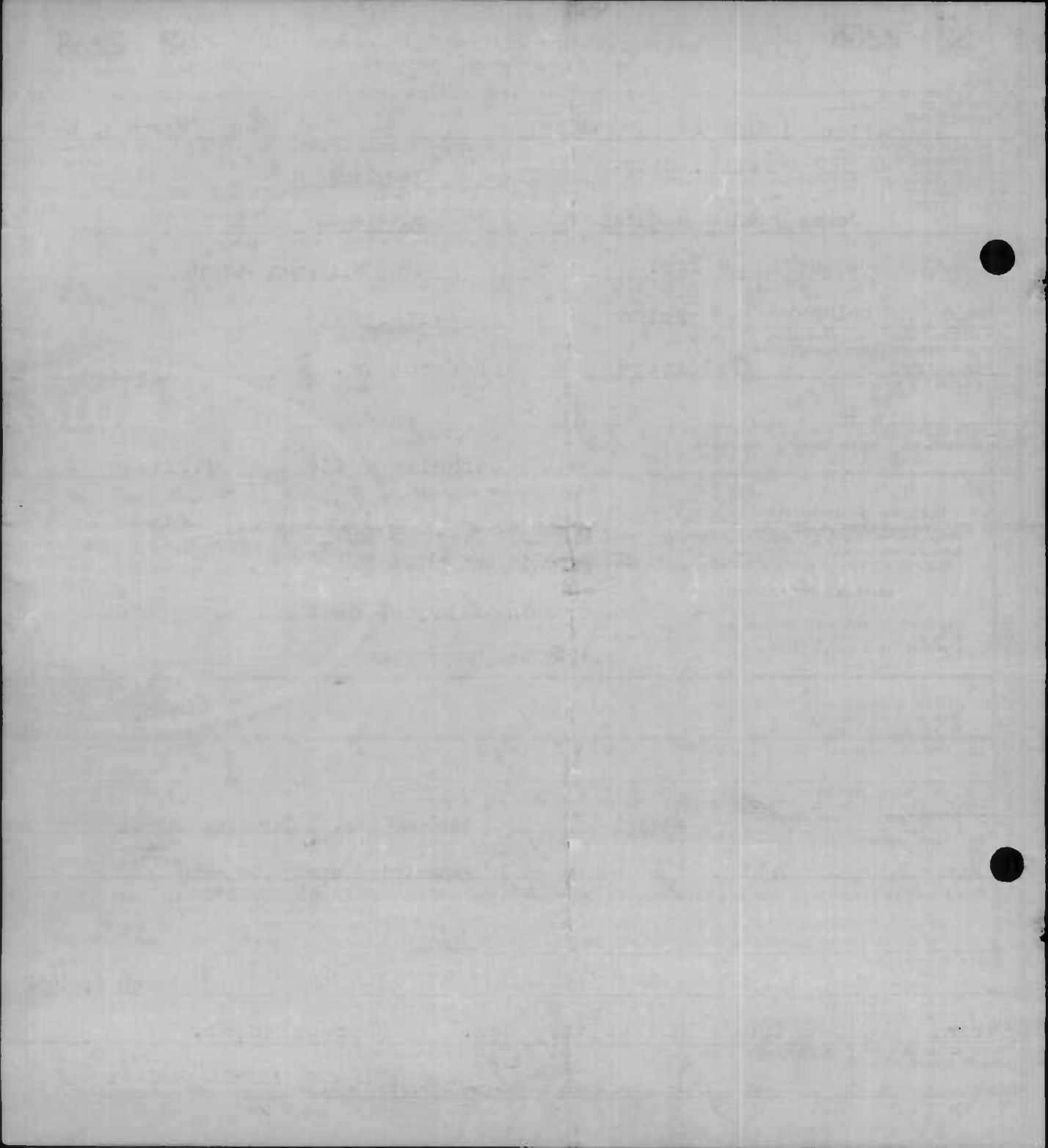
ADDRESS

REAR 7-1052  
VSR 151

N-809.2

97037

170C ✓





Medical Examiners  
Case 2259  
Released to  
Hospital

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2259

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Thomas Rottlage</i>			2. DATE OF DEATH <i>March 4, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>50 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>201 Beale Ct.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar. 20, 1887</i>	9. AGE (In years last birthday) <i>64</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fireman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Steel Plant</i>		11. BIRTHPLACE (State or foreign country) <i>Bahamas Isle</i>	
13. FATHER'S NAME <i>Anthony Rottlage</i>			14. MOTHER'S MAIDEN NAME <i>Sophie Ingram</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME <i>THE JOHNS HOPKINS HOSPITAL</i>	

18. <i>177X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>metastatic Carcinoma</i>	CAUSE OF DEATH (A) <i>metastatic Carcinoma</i> DUE TO (B) <i>Carcinoma of the prostate</i> DUE TO (C) <i>Unknown</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Jan 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Biopsy of prostate - Carcinoma</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (o. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4 mar, 1952</i> to <i>4 mar, 1952</i> , that I last saw the deceased alive on <i>4 mar, 1952</i> and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Kenneth M. Cole Jr.</i>		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3-4-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/7/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbuton</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. LOCATION (City, town, or county) <i>Arbuton Baltimore, Md.</i>		24F. LOCATION (City, town, or county) <i>Arbuton Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 - 1952</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>		FUNERAL DIRECTOR <i>Chas. O. Wilson 1140 Brantley</i>	

VS 150

Certificates to be approved by Medical Examiner

correct age is especially important. Physicians: please write the cause of and manner of death.

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

*William L. Smith* M.D.  
CHIEF OR ASS'T. MEDICAL EXAMINER

416  
52 2260BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2260  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RACHEL

TYLER

TOLVIER

2. DATE  
OF  
DEATH

March 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF \_\_\_\_\_ If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

614 Eislen Street

Length of stay in Baltimore

Life time

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Unknown -

9. AGE (In years

last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Home industrial work

10B. KIND OF BUSINESS OR

INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown -

MOTHER'S MAIDEN NAME

Rosezella Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Rena Tolvier + 512 Warner St.

18. 4221

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Demachy M.D.

23B. CHIEF MEDICAL EXAMINER.....☐  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3-8-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery Balto.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

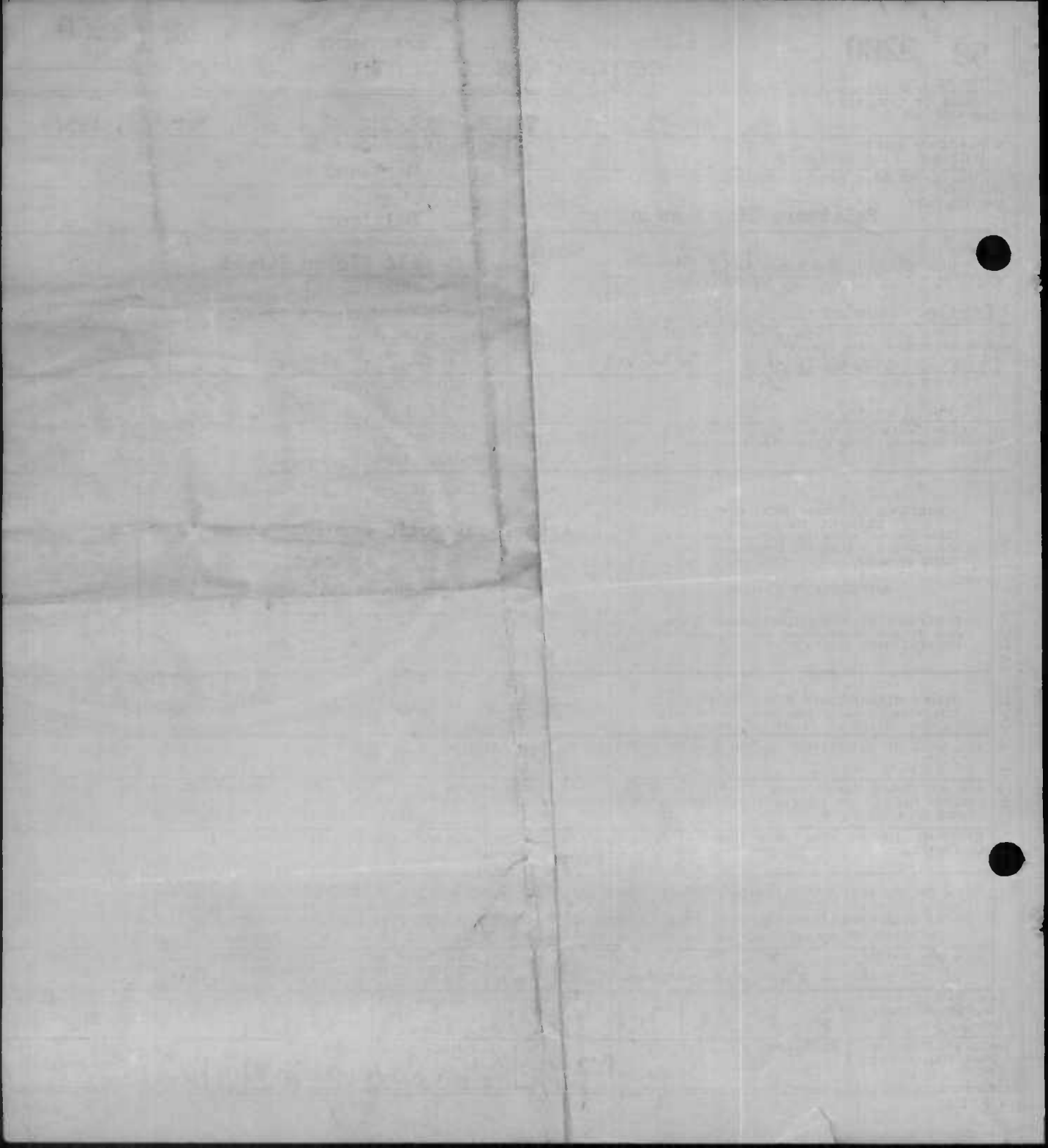
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. B. Springer + B. W. Hamling Sts.

ADDRESS



52 2261

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2261  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ethel Laura Johnson

2. DATE  
OF  
DEATH

3-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3019 St. Paul St.

c. Length of stay in Baltimore

62

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 28, 1890

9. AGE (In years  
last birthday)

64

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis Wilbourn

14. MOTHER'S MAIDEN NAME

Laura Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Pt. Miss Ethel E. Johnson 3019 St. Paul

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of breast &amp; metastases

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerotic Cardiovascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29, 1952, to 3-5, 1952, that I last saw the  
deceased alive on 3-5, 1952, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Claude E. Parish

M. D.

23B. ADDRESS

Union Memorial Hosp. Balt.

23C. DATE SIGNED

2/5/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

3-8-52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Pl.

MAR 7 - 1952

VS 150

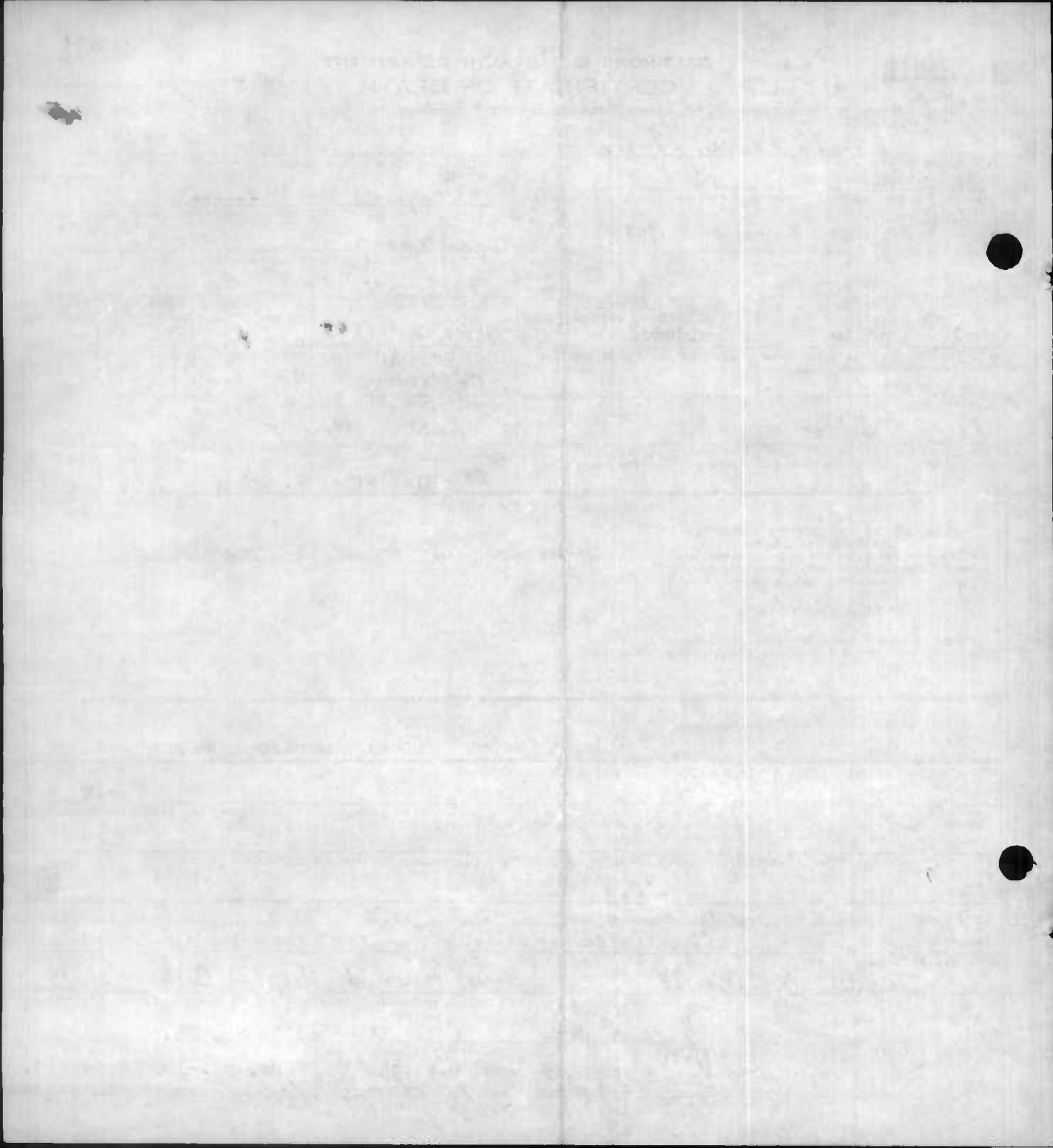
1952

2 Mitchell

50

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





D-600  
52 2262BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered 52 2262

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELLEN V. DERR

2. DATE  
OF  
DEATH

March 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 917 N. Port St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
Md.  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 7-02D. STREET ADDRESS (If rural, give location)  
917 N. Port St.

c. Length of stay in Baltimore

60 years

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 22, 1869

9. AGE (In years  
or last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife10B. KIND OF BUSINESS OR INDUSTRY  
at home

11. BIRTHPLACE (State or foreign country)

Tilghman Island, Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Daniel Wooters

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
Daniel Derr, son, above

ADDRESS

18.

600.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

5 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Bilateral Pyelonephritis

2 yrs.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7, 1950 to 3/5, 1952 that I last saw the deceased alive on 3/4, 1952 and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

North Ave. &amp; Rose St. Balto. Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7 - 1952

Huntington Williams, M.D.

Schimmek Funeral Home, Inc.  
2601-3-5 E. Madison St.



CERTIFICATE OF DEATH

50

1901

CAUTION TO READ

G-652  
52 2263BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2263  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES E. GERNs

2. DATE  
OF  
DEATH

March 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 610 N. Robinson St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

c. Length of stay in Baltimore life

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 7-01D. STREET ADDRESS (If rural, give location)  
610 N. Robinson St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Locomotive Inspector

10B. KIND OF BUSINESS OR INDUSTRY

Pa. R. R. Co.

8. DATE OF BIRTH

Nov. 22, 1890

9. AGE (In years last birthday)

61

11 Under 1 Year Months Days 12 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Gerns

14. MOTHER'S MAIDEN NAME

Mary Coleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.  
716-01-6176

17. INFORMANT

ADDRESS

Margaret Gerns, wife, above

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

Coronary Occlusion

DUE TO

coronary disease

(B)

Arterio. Sclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

15 minutes

7 years

Unknown

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1945, to March 6, 1952, that I last saw the deceased alive on Feb. 28, 1952, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Philibert Artigiani

M. D.

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

March 7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

3310 Taylor Ave., Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

ATTESTED BY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

March 6, 1952

CHARLES E. BROWN  
635 E. 1st Street, W.

Baltimore

410 W. Bond St.

May 22, 1952

Baltimore, Md.

John Brown

CHAS. E. BROWN  
410 W. Bond St., W.

CERTIFICATE OF DEATH

ATTESTED BY

HEALTH DEPARTMENT  
Baltimore, Md.

John Brown, 635 E. 1st Street, W., Baltimore, Md.

John Brown, 410 W. Bond St., Baltimore, Md.

M-200  
52 2264BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2264  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Mach

2. DATE  
OF  
DEATH

March 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

203 Herring Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

203 Herring Court

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 19, 1896

9. AGE (In years  
last birthday)

55

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Bar Tender

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

--

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Mach

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

216-10-0232

17. INFORMANT

ADDRESS

Mrs. Sally Mach, 203 Herring Court

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Pulmonary T. B. - fibrosis

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

?

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Nov, 1951, to 4 March, 1952, that I last saw the  
deceased alive on 3 March, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

*S. Culpeper*

M. D.

23B. ADDRESS

*714 E. Presa St*

23C. DATE SIGNED

*8 March 52*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

3/8/52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington*

25. FUNERAL DIRECTOR

*St. Mark's Inc.*

ADDRESS

1217 St. Paul Street

MAR 7 - 1952

VS 150

250 6 3

13B

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

1944

10

F-660

ND-14895952 2265

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2265

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Fehrer

2. DATE  
OF  
DEATH March 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)  
Baltimore City Hospitals  
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore 27-05c. Length of stay in Baltimore Life Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
3012 Louise Ave. (14)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 25, 1880

9. AGE (in years  
last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY  
Self Employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Fehrer

14. MOTHER'S MAIDEN NAME

Anna Eliz. Schuman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
217-09-235217. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18. 007 X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

1 Yr.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 5-29, 19 51 to 3-6, 19 52 that I last saw the  
deceased alive on 3-6, 19 52, and that death occurred at 7 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Crozen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-6-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/8/52

24C. NAME OF CEMETERY OR CREMATORY

Balt. County

24D. LOCATION (City, town, or county) (State)

Balt. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Paul A. Helmann 6067 Bayford

ADDRESS

MAR 7 - 1952

MEDICAL CERTIFICATION

Correct age is especially important. Physicians, please write the cause of death clearly and legibly.



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DATE

TIME

PLACE

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

DATE

TIME

PLACE

AGE

SEX

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH



W-300  
52 2266

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 2266

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Robert White</i>		2. DATE OF DEATH <i>3/7/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>21-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>741 Dover St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>741 Dover St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov. 10, 1900</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>		11. BIRTHPLACE (State or foreign country) <i>MD.</i>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Robert White Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Mary</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>William Jackson</i>		ADDRESS <i>Dover St</i>	

18. <i>4 yr. 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio Vascular Disease?</i>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Jan 9, 1952*, to *March 7, 1952*, that I last saw the deceased alive on *Feb. 27, 1952*, and that death occurred at *7:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>H. R. Johnson</i>	23B. ADDRESS <i>403 Med Arts Bldg</i>	23C. DATE SIGNED <i>3/7/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 7, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. John's</i>
24D. LOCATION (City, town, or county) <i>Lansdowne MD</i>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	ADDRESS <i>Shredwell</i>
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Page 30

10-15-1944

10-15-1944

RECEIVED ON 10-15-1944

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RECEIVED ON 10-15-1944

R-200  
52 2267BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2267  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harvey Rose

2. DATE  
OF  
DEATH

March 5, 1962

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1801 Walbrook Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

R.R.

13. FATHER'S NAME

David Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Sept 14, 1879

9. AGE (In years  
last birthday)

72

11. Under 1 Year  
Months: Days

15 04

12. Under 24 Hours  
Hours: Min.

N.S.A.

11. BIRTHPLACE (State of foreign country)

Hollywood Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Nancy Wells

17. INFORMANT

Marie Rose

ADDRESS

Walbrook 80 Ave

18. 421.4 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

7

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1952 to 2-5, 1952 that I last saw the  
deceased alive on 3-5, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

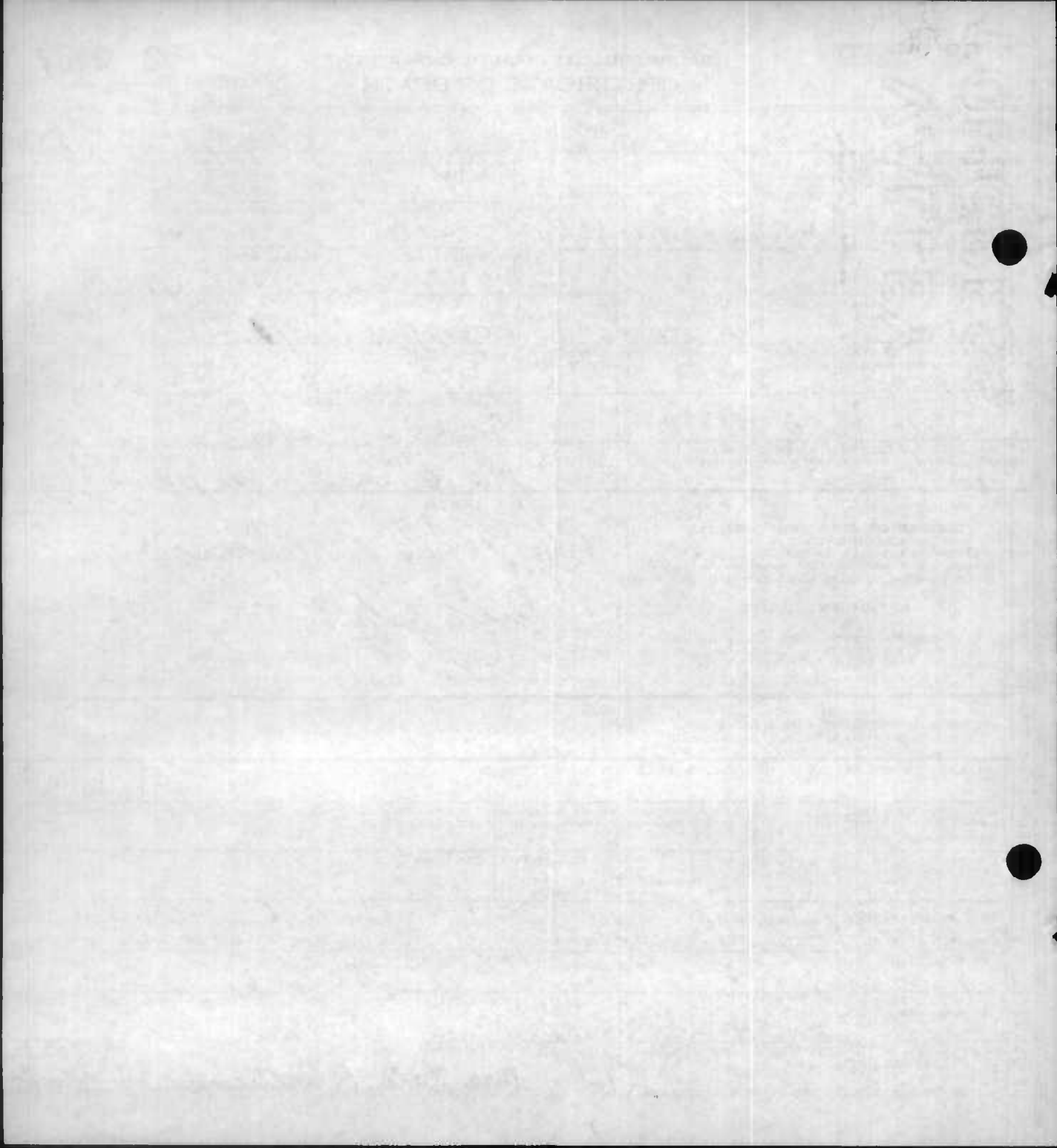
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52 2268 B-656

52 2268

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Brawner</i>			2. DATE OF DEATH <i>March 5, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Ba/To.</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>307 N. Fulton Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ba/To.</i>		
c. Length of stay in Baltimore Yrs. <i>19-01</i> Mos. <i>307 N. Fulton Ave.</i> Days			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April, 1892</i>	9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>St. Marys Co. Md.</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Charles Holley</i>			14. MOTHER'S MAIDEN NAME <i>Nellie Swales</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No.</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>George Brawner</i>			ADDRESS <i>307 N. Fulton Ave.</i>		

18. <i>174X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Corny Heart Disease</i>	CAUSE OF DEATH (A) <i>Corny Heart Disease</i> DUE TO (B) <i>Myocardial Infarct</i> DUE TO (C) <i>Corny Heart Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>14 days</i> <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-21*, 19*51* to *2-5*, 19*52*, that I last saw the deceased alive on *2-5*, 19*52* and that death occurred at *12 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Charles H. Wadsworth</i>	23B. ADDRESS <i>861 Martin St.</i>	23C. DATE SIGNED <i>2-5-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 14, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem. Balto Md.</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	25. FUNERAL DIRECTOR <i>Mr. Katie R. Williams</i>	ADDRESS <i>3221 E. Snowden St.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Harold J. Williams</i>	

Page 50

REPORT OF MEDICAL EXAMINER  
CERTIFICATE OF DEATH

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE

SEX

HEIGHT

WEIGHT

TEMPERATURE

PULSE

BLOOD PRESSURE

RESPIRATION

COLORED MATTER

URINE

STOMACH

Signature of Medical Examiner  
Date

Signature of Coroner  
Date

Signature of Registrar  
Date

Signature of Physician  
Date

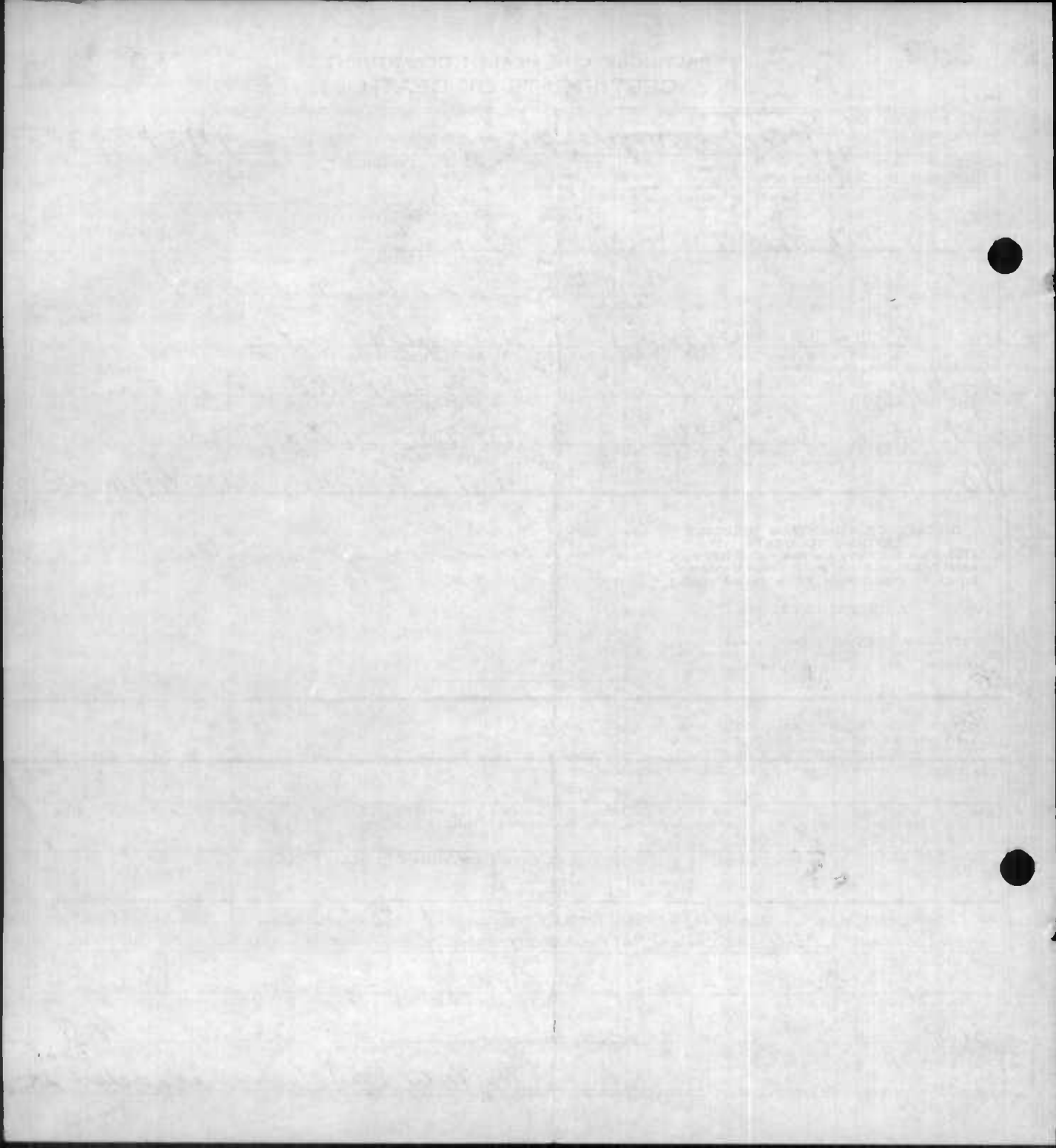
Signature of Nurse  
Date

Signature of Mortician  
Date



W-325 52 2259		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 2259	
BIRTH NO.				1. NAME OF DECEASED (Type or Print) William Watson	
3. PLACE OF DEATH: A. Baltimore City, Maryland				2. DATE OF DEATH March 3-52	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1227 Wilmer Court				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balto.	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 1227 Wilmer Court	
5. SEX Male		6. COLOR OR RACE Col.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Construction		8. DATE OF BIRTH Nov. 16, 1908	
13. FATHER'S NAME Johnnie Watson		14. MOTHER'S MAIDEN NAME Anna Fitzgerald		9. AGE (In years last birthday) 43	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country) Blackstone Va.	
17. INFORMANT Virginia Wright		18. ADDRESS 1227 Wilmer Ct.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 477.2 1 Chronic myocarditis				16. CAUSE OF DEATH Interval between onset and death	
17. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)				18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September 19, 1950, to March 3, 1952, that I last saw the deceased alive on Feb. 29, 1952, and that death occurred at 3:45 a.m., from the causes and on the date stated above.					
23A. SIGNATURE C. Campbell		23B. ADDRESS M. D. 718 Beechline Dr.		23C. DATE SIGNED March 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE March 8, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt Zion Cem	
24D. LOCATION (City, town, or county) Lanham Md.		24E. FUNERAL DIRECTOR Mrs Katie B Williams		24F. ADDRESS 3224 Schroeder St	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAR 7		24H. REGISTRAR'S SIGNATURE 995200		24I. ADDRESS 97024	





F-622  
52 2270BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2270  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>MYRTLE B. FERSTERMAN</b>			2. DATE OF DEATH <b>Mar: 5/1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2710 EDMONDSON AVE.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE CITY</b>		
c. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>2710 EDMONDSON AVE</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 25-1903</b>	9. AGE (In years last birthday) <b>48</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EXPEDITER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>GEEN L. MARTIN CO</b>		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE MARYLAND</b>	
13. FATHER'S NAME <b>HARRY PINDELL</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>212-20-6167</b>		
17. INFORMANT <b>HOWARD E. FERSTERMAN</b>			ADDRESS <b>.....Same.</b>		

18. **331X I**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)CAUSE OF DEATH  
(A) **Cerebral Aneurysm**  
DUE TOINTERVAL BETWEEN ONSET AND DEATH  
**2 days**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension**  
DUE TO**approx. 3 1/2 yrs**II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-18-51**, 19\_\_, to **3-15-52**, 19\_\_, that I last saw the deceased alive on **3-3-52**, 19\_\_, and that death occurred at **8:40 A.** from the causes and on the date stated above.

23A. SIGNATURE <b>John S. Gural</b>	23B. ADDRESS M. D. <b>2703 Edmondson Ave.</b>	23C. DATE SIGNED <b>3/8/52</b>
--	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>Mar: 8-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>WORMS CEMETERY</b>	24D. LOCATION (City, town, or county) (State) <b>MARYLAND - Woodlawn</b>
--	---------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 7-1952</b>	REGISTRAR'S SIGNATURE <b>John S. Gural</b>	25. FUNERAL DIRECTOR <b>W. B. Wippert &amp; Son</b>	ADDRESS <b>1300 EUTAW PL. 17</b>
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2271  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**THOMAS HELINSKI**

2. DATE  
OF  
DEATH

**March 5, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**534 N. Curley Street**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE  
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**534 N. Curley Street**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
**Widowed**

8. DATE OF BIRTH

**Dec. 8, 1871**

9. AGE (in years  
last birthday)

**80**

If Under 1 Year  
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
**Laborer**

10B. KIND OF BUSINESS OR  
INDUSTRY  
**Gas & Electric**

11. BIRTHPLACE (State or foreign country)  
**Poland**

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Peter Helinski**

14. MOTHER'S MAIDEN NAME

**Victoria Rudnicka**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Miss Anna Helinski, 534 N. Curley Street**

18. **422.1**  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) **acute myocardial infarction**  
DUE TO

**1 day**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) **myocarditis (chronic)**  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

**arterio-sclerosis, military.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 4, 1952**, to **March 5, 1952**, that I last saw the  
deceased alive on **March 4, 1952**, and that death occurred at **2:15** p. m., from the causes and on the date stated above.

23A. SIGNATURE

**L. C. Oshel**

M. D.

23B. ADDRESS

**447 N. Kenwood Ave.**

23C. DATE SIGNED

**3/7/52**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
**Burial**

24B. DATE

**3/8/52**

24C. NAME OF CEMETERY OR CREMATORY

**St. Stanislaus**

24D. LOCATION (City, town, or county)

**Baltimore,**

**Maryland**

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

**M. E. SADOWSKI & SONS, 1308 EASTERN AVENUE**

**MAR 7 - 1952**

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L-252<sup>0</sup> 2272BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2272  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

REGINA LASEK

2. DATE  
OF  
DEATH

March 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

620 S. Ann Street

C. Length of stay in Baltimore

54 yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Unknown

9. AGE (in years  
last birthday)

67

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank Krol

14. MOTHER'S MAIDEN NAME

Maryanna Dernoga

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

--

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16. SOCIAL  
SECURITY NO.

--

17. INFORMANT

ADDRESS

Mr. Peter Lasek, 620 S. Ann Street

18. 434.2 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

(A) Myocardial Insufficiency 4 days.

(B) Chronic Nephritis 4 yrs.

(C) Cardiac Asthenia 8 yrs.

Emphysema 2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1948, to March 6, 1952, that I last saw the deceased alive on March 4, 1952 and that death occurred at 12:45 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/52

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

M.F. SADOWSKI &amp; SONS, 1808 EASTERN AVENUE

VS 150  
MAR 7-1952

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52 2273BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2273  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph Novak</i>		2. DATE OF DEATH <i>March 7/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>820 N. Madeira St</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location) <i>820 N. Madeira St</i>		7-03	
c. Length of stay in Baltimore <i>21 yrs</i>		Yrs. Mos. Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 11, 1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Auto Wash</i>	9. AGE (in years last birthday) <i>78</i>
11. BIRTHPLACE (State or foreign country) <i>Bohemia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Vaclav Novak</i>		14. MOTHER'S MAIDEN NAME <i>Marie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mary Novak</i>		ADDRESS	
18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) <i>Coronary Occlusion</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Arteriosclerotic Myocarditis</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 14, 1951</i> to <i>March 7, 1952</i> , that I last saw the deceased alive on <i>3/5, 1952</i> , and that death occurred at <i>5 A. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph Pokorny</i>		23B. ADDRESS <i>2200 E Madison St</i>	
23C. DATE SIGNED <i>3/7/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-11-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>Balt Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 7-1952</i>		REGISTRAR'S SIGNATURE <i>Walter J. Williams</i>	
25. FUNERAL DIRECTOR <i>Thompson 904-Charlotte</i>		ADDRESS	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

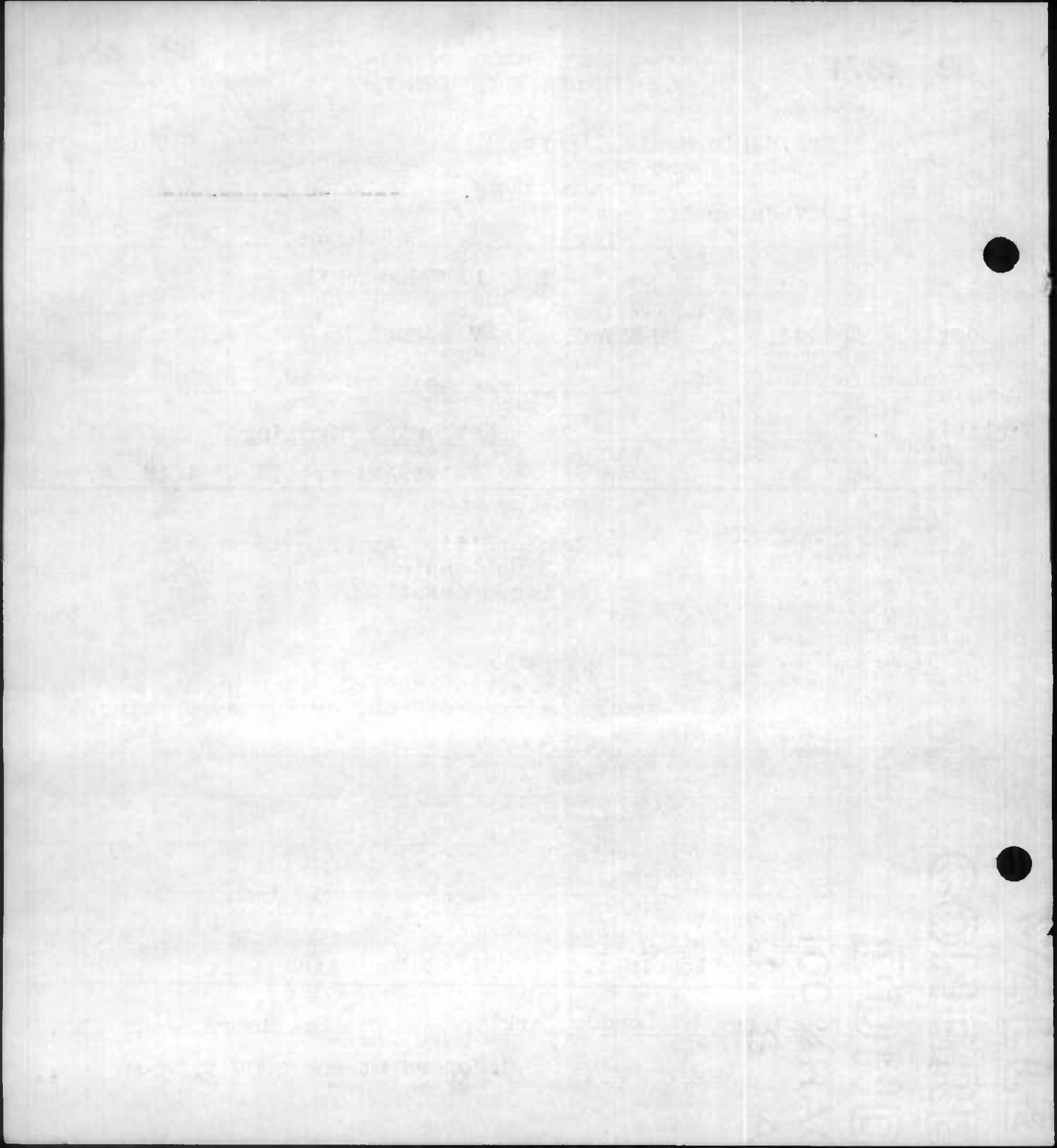
52 2274  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mrs. Marie Mamie Elgert</b>		2. DATE OF DEATH <b>6 March 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>1007-Haverhill Road</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1007 Haverhill Road</b>		C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give township) <b>Baltimore, Md. 25-41</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1007 Haverhill Road</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>27 August 1877</b>
9. AGE (In year, last birthday) <b>74</b>		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Christian W. ? Musch</b>		14. MOTHER'S MAIDEN NAME <b>Katherine Dimmling</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Calvern Elgert (Son)</b>		ADDRESS <b>1014 Haverhill</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocarditis -Arterio-sclerosis</b> DUE TO <b>Hypertension</b> <b>Decompensation.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>many years</b> <b>24 Hours.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Overweight marked. (has been under my care off and on for some years.)</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>5 March 1952</b> to <b>8 March 1952</b> , that I last saw the deceased alive on <b>8 March 1952</b> , and that death occurred at <b>8:15 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Firmadick K. Nichols M.D.</b>		23B. ADDRESS <b>4711 Roland Ave</b>		23C. DATE SIGNED <b>8 March 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3-8-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	
24D. LOCATION (City, town, or county) <b>Baltimore Md.</b>		25. FUNERAL DIRECTOR <b>G. Howard Strong 3207 W. North Ave.,</b>			



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**Ellen T. McHugh**

2. DATE  
OF  
DEATH

**March 5, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**3413 Mondawmin Ave.,**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

**Md.**

B. COUNTY

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**3413 Mondawmin Ave.,**

c. Length of stay in Baltimore

**85** Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**Mar. 15, 1866**

9. AGE (In years last birthday)

**85**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**House-wife**

10B. KIND OF BUSINESS OR INDUSTRY

**---**

11. BIRTHPLACE (State or foreign country)

**Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Thomas Neary**

14. MOTHER'S MAIDEN NAME

**Elizabeth McGuigan**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

**none**

17. INFORMANT

ADDRESS

**Mrs. Mary Stadter 3413 Mondawmin Ave.**

18. **331X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**  
DUE TO

**60 hrs**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension**  
DUE TO  
(C) **General arteriosclerosis**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Diabetes Mellitus**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Oct 1949** to **3/5**, 19**52** that I last saw the deceased alive on **3/4**, 19**52** and that death occurred at **1:30** m., from the causes and on the date stated above.

23A. SIGNATURE

**J. McCallum**

M. O.

23B. ADDRESS

**3321 Frederick Ave**

23C. DATE SIGNED

**3/8/52**

24A. BURIAL (CREMATION, REMOVAL) (Specify)

**Burial**

24B. DATE

**3-8-1952**

24C. NAME OF CEMETERY OR CREMATORY

**New Cathedral**

24D. LOCATION (City, town, or county)

**Baltimore,**

**Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

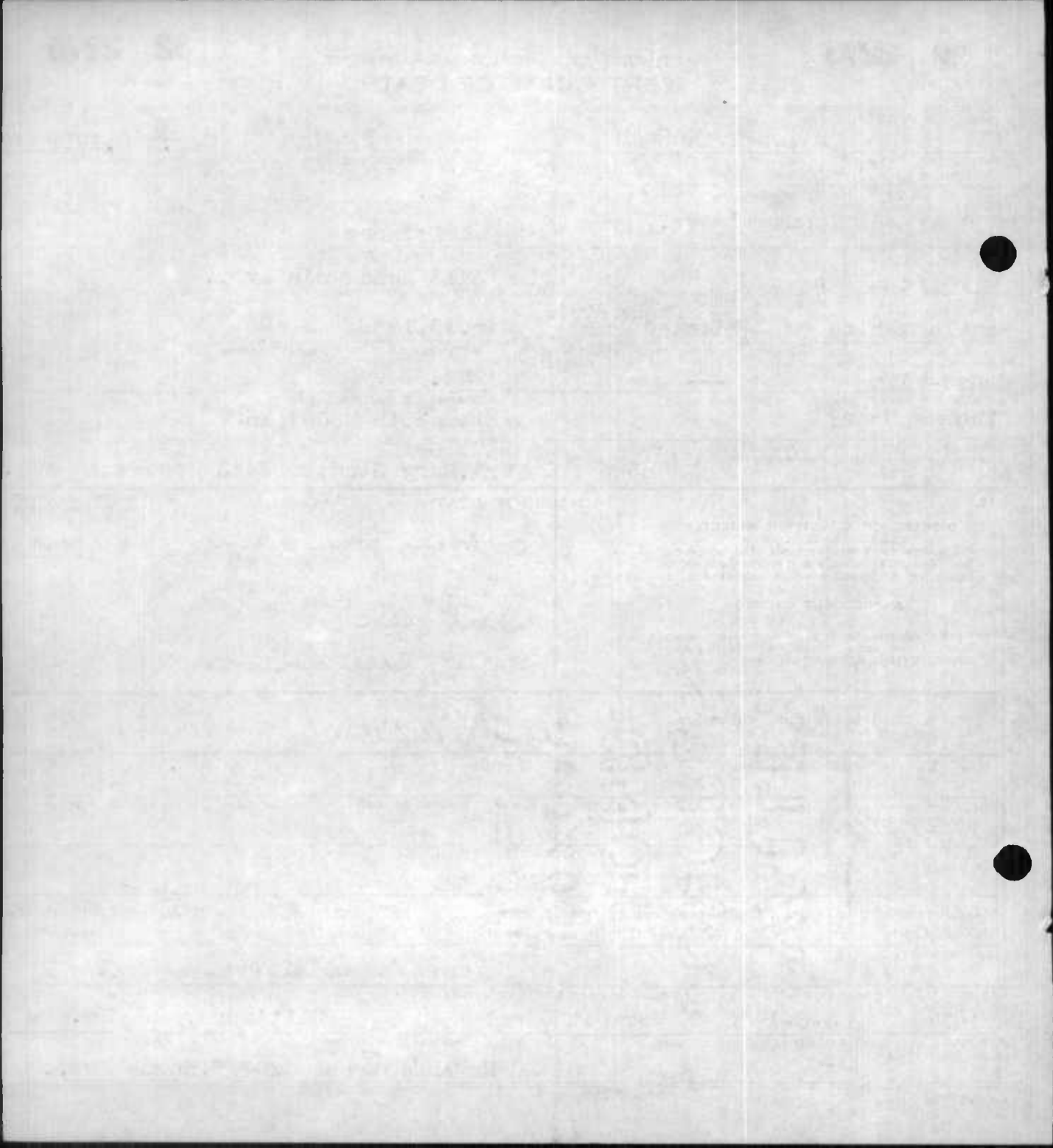
25. FUNERAL DIRECTOR

ADDRESS

**Howard Strong 3207 W. North Ave.,**

**MAR 7 1952**

**61**





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52 2276BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2276  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

STASNILAW PROGREBSKY

2. DATE  
OF  
DEATH

MARCH 5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 309 S. ANN ST.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE MARYLAND B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 2-02D. STREET ADDRESS (If rural, give location)  
309 S. ANN ST.

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

NOT KNOW

9. AGE (In years last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
SHOE REPAIR10B. KIND OF BUSINESS OR INDUSTRY  
REPAIR SHOP11. BIRTHPLACE (State or foreign country)  
POLAND12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

PROGREBSKY

14. MOTHER'S MAIDEN NAME  
NOT KNOW

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
MRS. ANNA MELNICK-309 S. ANN.

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency 1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Myocarditis 5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Arteriosclerosis -

about 8 yrs.

Hemiplegia 6 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June, 1950, to March 5, 1952, that I last saw the deceased alive on March 5, 1952 and that death occurred at 10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John V. Soper

M. D. 1802 Eastern Ave.

3-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

MARCH 8-52

HOLY TRINITY RUSSIAN

ELK RIDGE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 7-1952

Walter T. Williams, M.D.

J. A. Trebilcock, Jr. 1905 E. Pratt St.

VS 150

5828E

93D

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



11

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2277**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Josephine Recupero (Villa)</b>			2. DATE OF DEATH <b>March 6 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>376 Forrest St.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>5-02</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>376 Forrest St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 2 1886</b>		9. AGE (In years last birthday) <b>65</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Salvatore Patti</b>			14. MOTHER'S MAIDEN NAME <b>Lucia Pantalono</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Lucille Glaweskan 1824 Fairview</b>		

18. <b>444X</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>High blood pressure, vascular</b> DUE TO (A) <b>3 1/2 yrs.</b>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Diabetes mellitus</b> DUE TO (B)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>11</b>			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/4/48</b> , 19__, to <b>3/6/52</b> , 19__, that I last saw the deceased alive on <b>2/25/52</b> , 19__, and that death occurred at <b>49</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Gilbert E. Rudman</b>		23B. ADDRESS <b>2517 W. Belair St.</b>	23C. DATE SIGNED <b>3/7/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>March 9 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>4430 Belair Rd. Balt. Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 8 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Shaw &amp; Sons 322 S. High St.</b>

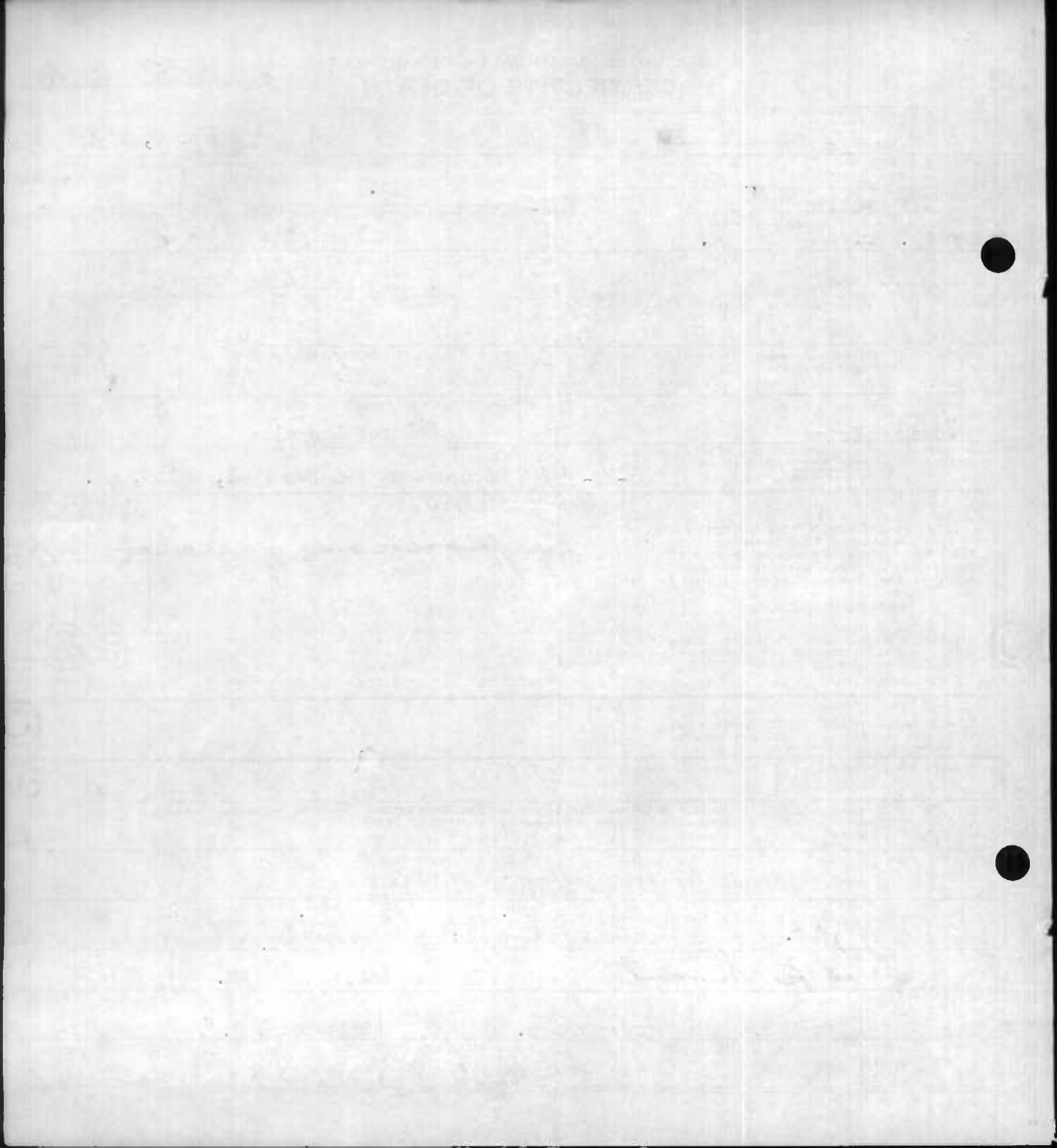


524  
52 2213  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2278

1. NAME OF DECEASED (Type or Print) JOSE GARCIA GONZALEZ		2. DATE OF DEATH Mar. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pa. B. COUNTY V-35	
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital German Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia	
D. STREET ADDRESS (If rural, give location) 125 Kenilworth street			
c. Length of stay in Baltimore ? Yrs. Mos. Days			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/5/91
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seaman		10B. KIND OF BUSINESS OR INDUSTRY seafarer	9. AGE (In years, last birthday) 60
11. BIRTHPLACE (State or foreign country) Spain		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Josep Garcia		14. MOTHER'S MAIDEN NAME Dolores Gonzalez	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. 086-12-4694	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	
18. 200.1 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lymphosarcoma, generalized (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 13, 1951, to Mar. 7, 1952, that I last saw the deceased alive on Mar. 7, 1952, and that death occurred at 5:55 A. M., from the causes and on the date stated above.			
23A. SIGNATURE Sarah E. Stewart		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 3/7/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE March 8, 1952	
24C. NAME OF CEMETERY OR CREMATORY Evergreen Cem.		24D. LOCATION (City, town, or county) (State) Elizabeth, N.J.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR J. J. Tucker + Son Balto Md		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2279

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ackerman, Carrie

2. DATE  
OF  
DEATH

March 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore 10 years

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #6

D. STREET ADDRESS (If rural, give location)

5001 Gunther Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 27, 1884

9. AGE (In years  
last birthday)

67

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Gottlieb Ackerman

14. MOTHER'S MAIDEN NAME

Elizabeth Danz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

Mrs. Joseph Berger, 5001 Gunther Ave.

18. 443 x 1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Vaso-motor failure

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-vascular Disease

DUE TO

(C) Generalized Arteriosclerosis

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from February 13, 1952, to March 7, 1952, that I last saw the deceased alive on March 7, 1952, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline Street

March 7, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

March 10, 1952

Jerusalem Lutheran

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8 - 1952

Huntington Williams, M.D.

Lansdale Funeral Home

7401 Belair Rd.

STATE OF TEXAS  
CERTIFICATE OF DEATH

County of \_\_\_\_\_ State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

at \_\_\_\_\_

\_\_\_\_\_

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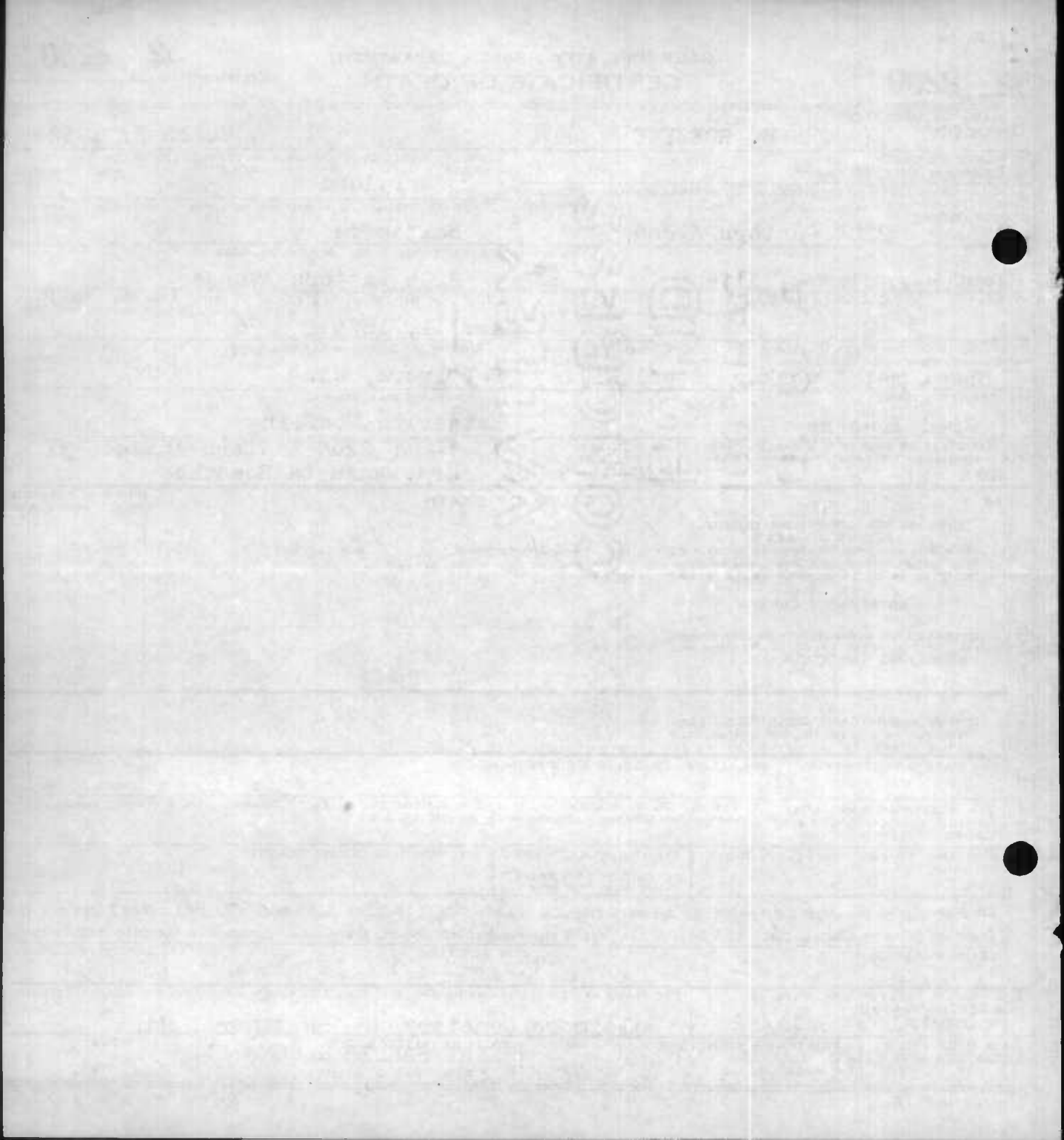
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220  
52 2280  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2280  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>JOHN P. ROESEKE</b>			2. DATE OF DEATH <b>March 7, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2204 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, give full name and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2204 Eastern Avenue</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 11, 1875</b>	9. AGE (In years, last birthday) <b>76</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet metal worker</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Steel Mill</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Fred Roeseke</b>			14. MOTHER'S MAIDEN NAME <b>Katherine Hoefling</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>220-05-5678A</b>		
17. INFORMANT <b>2204 Eastern Avenue -31</b>			18. CAUSE OF DEATH <b>Carcinoma of pharynx</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>		
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>148X</b>			20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Sept. 1951</b> , to <b>Mar. 7, 1952</b> , that I last saw the deceased alive on <b>Mar 6, 1952</b> , and that death occurred at <b>6 A. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>George D. Lippert</b>			23B. ADDRESS <b>426 S. Baltimore St. Ht.</b>		23C. DATE SIGNED <b>3/7/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>			24B. DATE <b>3/10/52</b>		
24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>			24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 8 - 1952</b>			REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		
25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>			ADDRESS <b>BALTO., MD.</b>		



320  
52 2281  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2281

1. NAME OF DECEASED  
(Type or Print) **GEORGE FREDERICK MATTES**2. DATE OF DEATH **March 6, 1952**3. PLACE OF DEATH:  
A. **Baltimore City, Maryland**B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**4132 Parkside Drive**4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE **Maryland** B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**D. STREET ADDRESS (If rural, give location)  
**4132 Parkside Drive**c. Length of stay in Baltimore **70 years**5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Widower**8. DATE OF BIRTH  
**Feb. 19, 1868**9. AGE (In years, last birthday) **84** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Clerk-Reg. Wills**10B. KIND OF BUSINESS OR INDUSTRY  
**Balto. City Court House**11. BIRTHPLACE (State or foreign country)  
**Germany**12. CITIZEN OF WHAT COUNTRY?  
**USA**

13. FATHER'S NAME

**? Mattes**

14. MOTHER'S MAIDEN NAME

**?**15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**No**16. SOCIAL SECURITY NO.  
**None**

17. INFORMANT

ADDRESS

18. **420 1**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Coronary Occlusion**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **Coronary Occlusion**  
DUE TO  
(B) **Arteriosclerotic Myocarditis**  
DUE TO  
(C)**1 hour**  
**?**II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 4**, 19**52**, to **3/6**, 19**52**, that I last saw the deceased alive on **3/3**, 19**52** and that death occurred at **6 A** m., from the causes and on the date stated above.

23A. SIGNATURE

**Joseph Pokorny**

M. D.

23B. ADDRESS

**2200 E Madison St**

23C. DATE SIGNED

**3/6/52**24A. BURIAL, CREMATION, REMOVAL (Specify)  
**burial**24B. DATE  
**3/8/52**24C. NAME OF CEMETERY OR CREMATORY  
**Jerusalem Church Cem.**24D. LOCATION (City, town, or county) (State)  
**Baltimore, Md.**DATE RECEIVED BY LOCAL REGISTRAR  
**MAR 8 1952**

REGISTRAR'S SIGNATURE

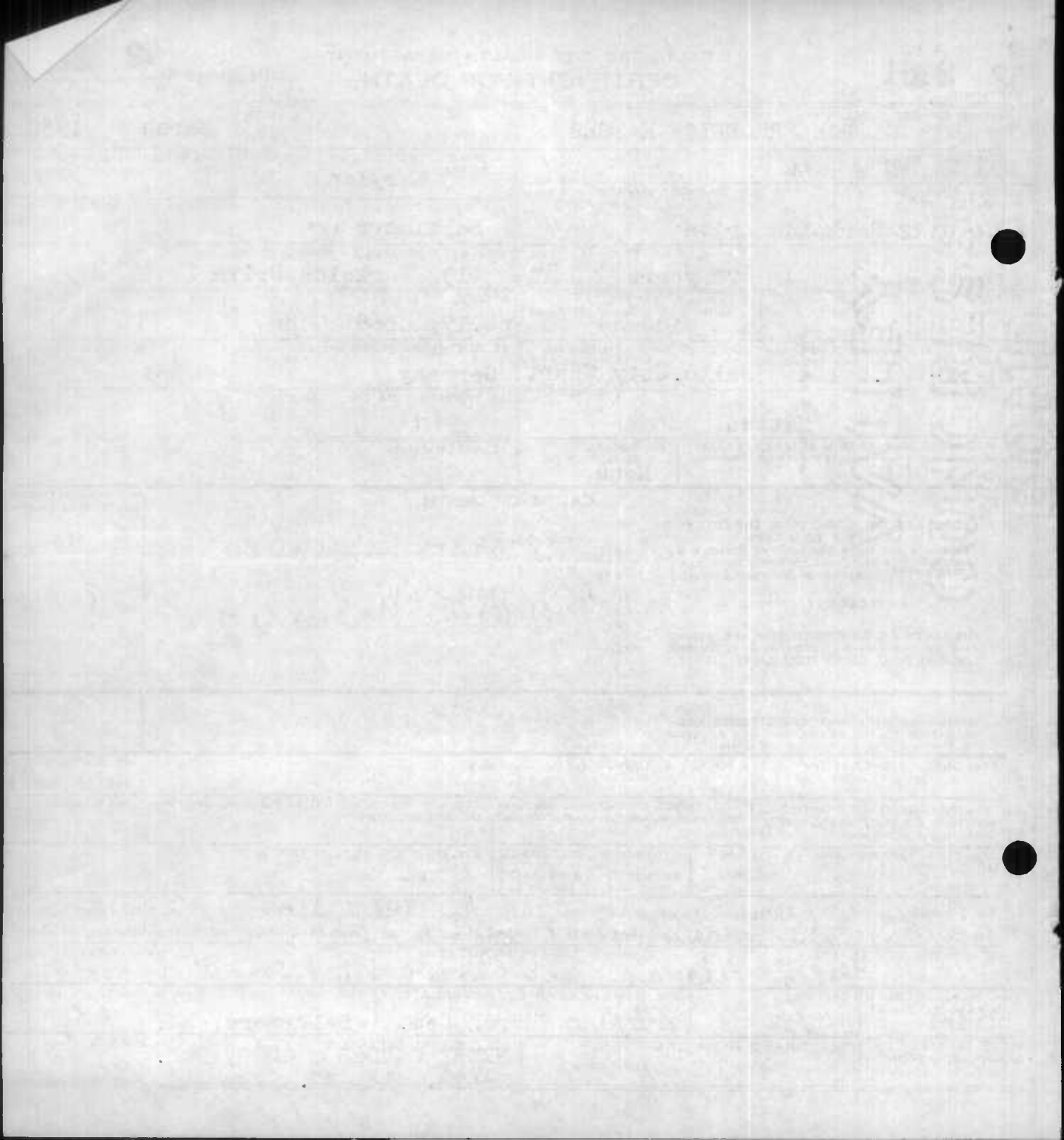
**Wilmington Williams, M.D.**

25. FUNERAL DIRECTOR

**HENRY SANDER & SONS, INC.**

ADDRESS

**BALTO., 13, MD.**



525  
52 2282

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2282

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anna Kleinkle Johnson

2. DATE  
OF  
DEATH

Mar 7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6028 Old Harford Road.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

6. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Beach Hill Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore, Md.

7-04

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

900 Block - N. Broadway

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct-22-1855

9. AGE (in years last birthday)

96

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Michael Kleinkle

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Chas. V. Simpson, 23 South St. City

18. 422-1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis 3 YRS.  
DUE TO Generalized Arteriosclerosis 10 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 22, 1948, to Mar. 7, 1952, that I last saw the deceased alive on Mar. 6, 1952, and that death occurred at 8:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M. D.

23B. ADDRESS

3902 Greenmount av.

23C. DATE SIGNED

Mar. 7, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 8/52

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park Cme.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 8 - 1952

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D. 108 W. North Ave. City #1.

25. FUNERAL DIRECTOR

ADDRESS

200

RECEIVED

1900

100

100

100

100

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100

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100



633  
52 2283BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2283

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lida Meredith

2. DATE  
OF  
DEATH

March 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MED. DOCTOR.

10B. KIND OF BUSINESS OR  
INDUSTRY

HOSPITAL

13. FATHER'S NAME

McHenry Meredith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give year or dates of service)

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

1-16-95

9. AGE (In years,  
last birthday)

57

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Esentunde Vickens

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHCarcinoma of Breast  
with Metastases

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1952, to 3-7, 1952, that I last saw the  
deceased alive on 3-7, 1952, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius R. Kerner, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/11/52

24C. NAME OF CEMETERY OR CREMATORY

DORCHESTER MEM. PARK

24D. LOCATION (City, town, or county)

CAMBRIDGE, MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Wilbur, Jr.

25. FUNERAL DIRECTOR

JOHN F. DENNY, INC 215 LIGHT ST

ADDRESS



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

NEW YORK

1910

John J. Smith

John J. Smith

John J. Smith

John J. Smith

John J. Smith

John J. Smith

John J. Smith

John J. Smith

John J. Smith

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John J. Smith

John J. Smith

John J. Smith

John J. Smith

John J. Smith

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
NEW YORK

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
NEW YORK

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
NEW YORK

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
NEW YORK

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
NEW YORK

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2284  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 / 3 1952 to 3 / 7 1952 that I last saw the  
deceased alive on 3 / 7 1952, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

3/7/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county  
(State))DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergy		17. Signature of school		18. Signature of employer	
19. Signature of others		20. Signature of others		21. Signature of others	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
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43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2285**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM A. BLANKENSHIP</b>			2. DATE OF DEATH <b>March 6, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1108 Carroll St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>1108 Carroll St.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct. 30, 1862</b>		9. AGE (In years last birthday) <b>89</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>watchman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Oil</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Daniel W. Blankenship</b>			14. MOTHER'S MAIDEN NAME <b>Sophia --</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Mr. William A. Blankenship - 1108 Carroll</b>	

18. <b>I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>CAUSE OF DEATH</b> (A) <b>Carcinoma, abdomen wall with metastasis.</b> DUE TO  (B) DUE TO  (C)	INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs.</b>
<b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Arteriosclerotic Cardio-vasc. disease</b> <b>Many years</b>	

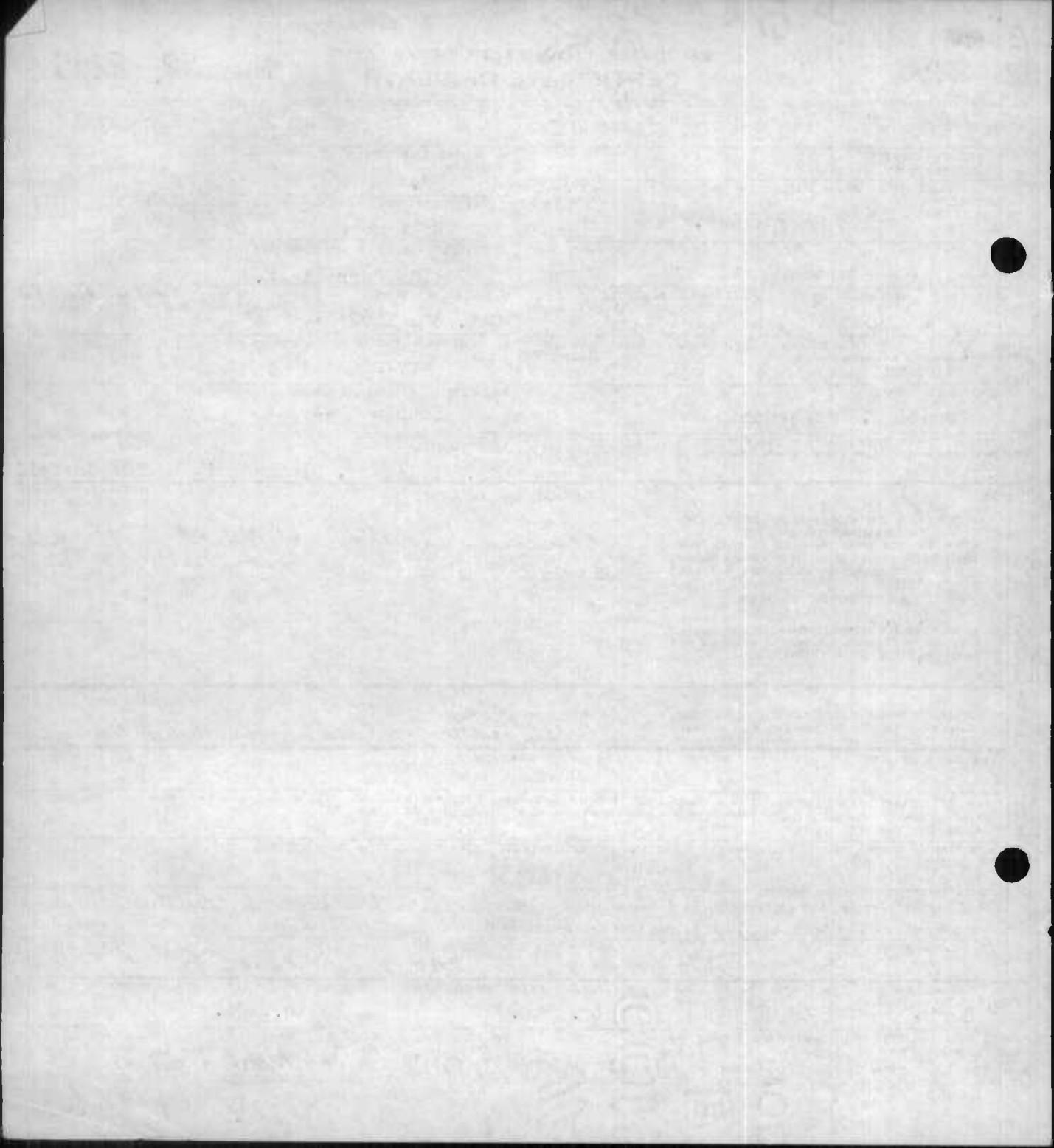
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Jan. 1, 1951** to **Mar. 6, 1952** that I last saw the deceased alive on **Mar. 2, 1952**, and that death occurred at **6 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Abram Goldman</b> M. D.	23B. ADDRESS <b>206 S. Balmore St.</b>	23C. DATE SIGNED <b>3/6/52</b>
---	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/10/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto. Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 8 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR'S ADDRESS <b>Wm J. Schoner &amp; Sons Balto 17 Md.</b>
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620  
2286BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2286  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Price, Vernon L.</u>		2. DATE OF DEATH <u>March 2, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Home for Incurables</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>13-07</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home for Incurables - 200 W 40th St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. LENGTH OF STAY IN BALTIMORE <u>Lise</u>		E. STREET ADDRESS (If rural, give location) <u>200 W 40th Street</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 9, 1885</u>
9. AGE (In years last birthday) <u>66</u>		10. Under 1 Year Months: Days: Hours: Min	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(?)</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles A. Price</u>		14. MOTHER'S MAIDEN NAME <u>Josephine Keenright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>212-09-7318</u>	
17. INFORMANT <u>W.E. Liberton Home for Incurables</u>		ADDRESS	

18. 451X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Drinking Anemism of heart?  
CAUSE TO Arteriosclerosis (generalized)  
INTERVAL BETWEEN ONSET AND DEATH  
36 Hours  
4 year

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) .....  
(B) .....  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
Cerebral arteriosclerosis4 year

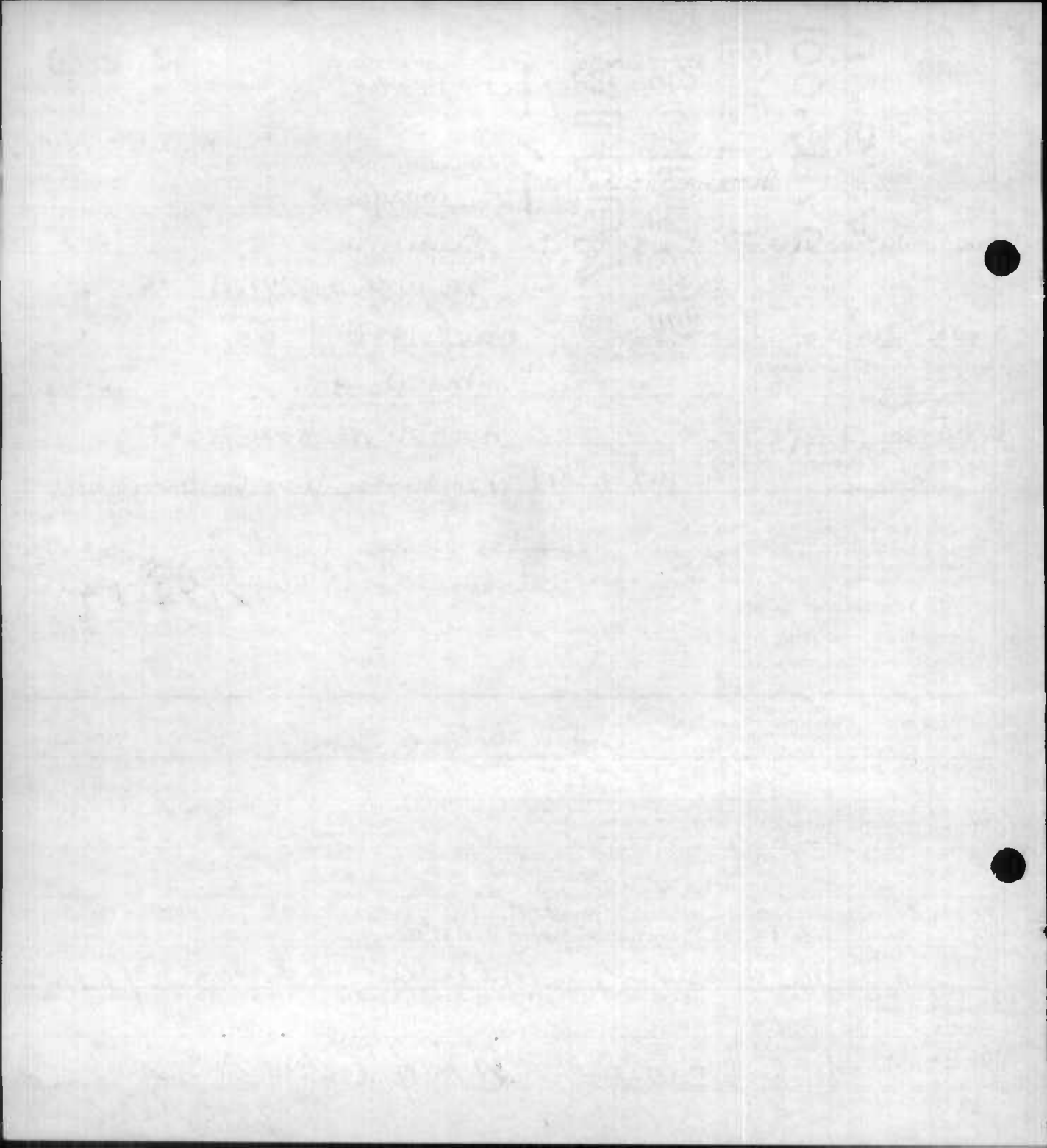
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 13, 1948, to March 7, 1952, that I last saw the deceased alive on March 7, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE <u>W. Grafton Hersperger</u>		23B. ADDRESS M. O. <u>214 Medical Bldg Building</u>		23C. DATE SIGNED <u>3/7/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/8/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>					

DATE RECEIVED BY <u>MAR 8 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>St. M. J. Lickner &amp; Sons</u>		ADDRESS <u>Balto Md. 96</u>	
---	--	---	--	---	--	--------------------------------	--







BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52 2287

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LESLIE

GOULD SAMPSON

2. DATE  
OF  
DEATH

March 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2126 Maryland Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 1, 1885

9. AGE (In years  
last birthday)

66

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR  
INDUSTRY

Mfg. Locomotive Pts.

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Wm. Sampson

14. MOTHER'S MAIDEN NAME

Kate Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Leslie G. Sampson - 2126 Maryland Ave

18. 470.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

BUE TO

(C)

(B) Myocardial failure

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

March 7, 1952

M.D. MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

1908

STATIONER'S COPY

100

100

Spencer F. Johnston  
18 Oct 1908

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2288

1. NAME OF DECEASED (Type or Print) <b>GLOVER</b> <b>Cleveland</b> <b>SHARP, Sr.</b>		2. DATE OF DEATH <b>March 7, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
8. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>20-07</b>	
length of stay in Baltimore <b>Yrs. Mos. Days</b>		D. STREET ADDRESS (If rural, give location) <b>3428 Caton Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 30, 1892</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Capola Tender</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Koppers Co.</b>	9. AGE (In years last birthday) <b>59</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John B. Sharp</b>		14. MOTHER'S MAIDEN NAME <b>Sarah</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. W. Edwin Eiting - 50 Hillvale Rd</b>		ADDRESS	

18. <b>E910.3</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Skull fracture</b> (A) <b>Skull fracture</b> <b>Contusion of brain</b> (B) <b>Contusion of brain</b> <b>Subdural hemorrhage</b> (C) <b>Subdural hemorrhage</b>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.) <b>Industrial place</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Kopper's Co., Scott &amp; McHenry Streets</b>
21D. TIME (Month) (Day) (Year) (Hour) <b>March 7, 1952 6:30 A. m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>A brick fell on his head while working in foundry</b>
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <b>William J. Smith</b>	23B. CHIEF MEDICAL EXAMINER... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR... <input type="checkbox"/>	23C. DATE SIGNED <b>March 7, 1952</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/10/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>
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DATE RECEIVED BY <b>MAR 8 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tucker &amp; Sons</b>	ADDRESS <b>Balto Md.</b>
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1952 57

RECEIVED BY THE DIRECTOR  
OF THE BUREAU OF REVENUE

1952 57

1952 57  
1952 57

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2289

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Schatzlein, Joseph H.

2. DATE  
OF  
DEATH

March 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore #14

O. STREET ADDRESS (If rural, give location)

2827 Linwood Avenue

C. Length of stay in Baltimore

24 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 5-1896

9. AGE (in years  
last birthday)

55

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Photographer

10B. KIND OF BUSINESS OR  
INDUSTRY

Lord Balto. Press

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Herman Schatzlein

14. MOTHER'S MAIDEN NAME

Louise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 2827

Mrs. Trina Schatzlein-Linwood

18.

490x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral anoxemia

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Right pneumonectomy

DOE TO

(C) Lipoid pneumonia of lower lobe,  
bilateral

(Over)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

March 6, 1952

19B. MAJOR FINDINGS OF OPERATION

Tumor, right lung

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from February 25, 1952 to March 7, 1952, that I last saw the  
deceased alive on March 7, 1952 and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Krain

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

March 7, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25 FUNERAL DIRECTOR

ADDRESS

5305 Harford Rd

See Document File 52-2289

7/8/52 ES

Shen autopsy, findings become  
available may be known

Histological type of tumor, please?

425  
52 2290BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2290

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary E. Hulsemann

2. DATE  
OF  
DEATH

Mar. 7-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4601 Walther Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

4601 Walther Blvd.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1952, to 3/7/52, that I last saw the  
deceased alive on 3/6/52, 1952, and that death occurred at 1 P. M. from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Kaufman

M. D.

23B. ADDRESS

4331 Hayford Rd

23C. DATE SIGNED

3/7/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/10/52

Oaklawn

Balt Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8 - 1952

Huntington, William M. P.

L. J. Cuck

5305 Hayford Rd



Dr. Karpman  
4331

640  
52 2291BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2291  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Singer J Varelli</i>		2. DATE OF DEATH <i>Mar. 5-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1427 N. Ellwood</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write it, R.A., and give township) <i>8-03</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1427 N. Ellwood Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar. 20-1912</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>39</i> 11. BIRTHPLACE (State or foreign country) <i>Italy</i>
13. FATHER'S NAME <i>Frank Varelli</i>		14. MOTHER'S MAIDEN NAME <i>Marie Vetri</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Susan Varelli - N. Ellwood</i>

18. <i>356.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Anaplastic Lateral Sclerosis</i> DUE TO (B) <i>Acute Cardiac Failure -</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs.</i> <i>30 minutes</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>April 1, 1948</i> to <i>March 5, 1952</i> that I last saw the deceased alive on <i>March 4, 1952</i> , and that death occurred at <i>6:45 A.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Israel Rosen</i>		23B. ADDRESS <i>2413 E Monument St</i>	23C. DATE SIGNED <i>3/7/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/10/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>L. J. Ruck</i> ADDRESS <i>5305 Harford</i>		

VALLEY

BOARD

GOVERN

U.S.A.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2292**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **Mrs. Bertha I Chambers**

2. DATE OF DEATH **Mch. 6/52**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE **Mass.** B. COUNTY **V-18**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Long Green Nursing Home**  
**JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
**Falmouth**

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore **5** Yrs. **5** Mos. **5** Days

5. SEX **F** 6. COLOR OR RACE **W** 7. ~~SINGLE~~ **MARRIED**  
~~WIDOWED, DIVORCED~~ (Specify) **Married**

8. DATE OF BIRTH **Dec. 11, 1884** 9. AGE (in years, last birthday) **67**  
If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY  
**Own Home**

11. BIRTHPLACE (State or foreign country)  
**Westtown, N. Y.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Smith**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Edw. L. Chambers** ADDRESS **JOHNS HOPKINS HOSPITAL**

18. **420.0**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH **613 St. Paul St.**

INTERVAL BETWEEN ONSET AND DEATH

(A) **Pulmonary Edema**  
DUE TO

**10 min**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic Heart Dis.**  
DUE TO

**10 yrs**

(C)

**II**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct**, 19**51**, to **Mar**, 19**52**, that I last saw the deceased alive on **27 Feb**, 19**52**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23A. SIGNATURE

**Kobut E. Mason**

M. D.

23B. ADDRESS **9 E Chase St.**  
**JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED **7 Mar '52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**cremation**

**Mch. 8/52**

**Laundon Ck. Crematory, Balto. 29. Ind**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**MAR 8 - 1952**

**Thurston**

**Harry A. Ditzke, 4101 Edmondson**

MEDICAL CERTIFICATION

This age is 65 years and over. If the age is 65 years and over, the cause of death is not a heart disease, the cause of death is not a heart disease, the cause of death is not a heart disease.

RECEIVED

NOV 19 1954

U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D.C.

RECEIVED

NOV 19 1954

U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D.C.

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U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D.C.

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NOV 19 1954

U.S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D.C.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2293**

1. NAME OF DECEASED (Type or Print) <b>EMMA B. POWELL</b>		2. DATE OF DEATH <b>3/7/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3923 Juniper Rd</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 12-01</b>	
c. Length of stay in Baltimore <b>85</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3923 Juniper Rd</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>3/16/1852</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) <b>99</b>
13. FATHER'S NAME <b>WM Hatch</b>		11. BIRTHPLACE (State or foreign country) <b>Mass.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>—</b>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <b>—</b>		14. MOTHER'S MAIDEN NAME <b>SARAH Weir</b>	
17. INFORMANT <b>MRS Ridgley</b>		ADDRESS <b>3923 Juniper Rd</b>	

<b>MEDICAL CERTIFICATION</b>	18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Congestive Heart Failure</b> DUE TO <b>myocarditis, Arterio-Sclerosis</b> (B) <b>Arterio-Sclerosis</b> DUE TO (C) <b>—</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>12 hr</b> <b>Gradual</b> <b>✓</b>
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <b>Aug 1943</b> , to <b>Mar 7, 1952</b> , that I last saw the deceased alive on <b>Mar 7, 1952</b> and that death occurred at <b>9:54 a.m.</b> , from the causes and on the date stated above.	
23A. SIGNATURE <b>W. H. Meady</b>	23B. ADDRESS <b>1403 Park Ave</b>
23C. DATE SIGNED <b>3-7-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>3/8/52</b>
24C. NAME OF CEMETERY OR CREMATORY <b>Greenmount</b>	24D. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 8 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>
25. FUNERAL DIRECTOR <b>Harry H. White, 4101 Edmondson Ave.</b>	

2025 24

DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20315

2025 24

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DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20315



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52 2294**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JACOB J. KILLMEYER</b>		2. DATE OF DEATH <b>March 7, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1500 N. Gay Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1896</b>
9. AGE (in years last birthday) <b>55</b>		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Huckster</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>yes W. W. I</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Leo Killmeyer, 526 N. Collington Avenue</b>		ADDRESS	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Coronary occlusion</b>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

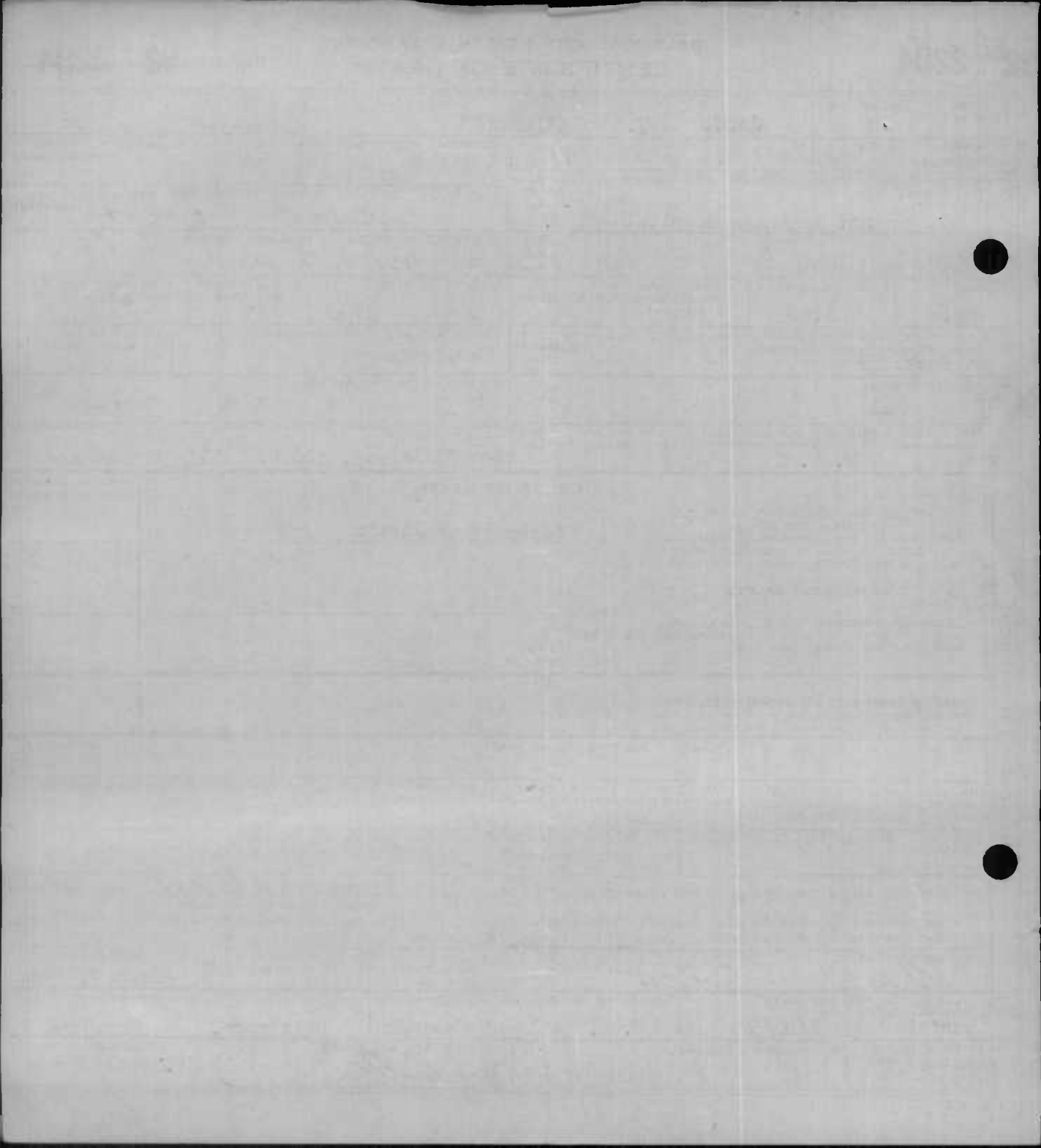
23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>March 7, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>3/10/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>U. S. National Cemetery</b>	24D. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>	(State)

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 8 - 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>	ADDRESS <b>1217 St. Paul Street</b>
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V S 151  
**4306 A**  
**942**

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2295**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Mary V. Alloway**

2. DATE  
OF  
DEATH

**March 6, 1952**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

**933 W. Lombard Street**

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

**Maryland**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**933 W. Lombard Street**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**June 4, 1884**

9. AGE (In years  
last birthday)

**67**

If Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**housewife**

10B. KIND OF BUSINESS OR  
INDUSTRY

**own home**

11. BIRTHPLACE (State or foreign country)

**St. Mary's County, Md.**

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**John Ching**

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Madeline Fay, 5141 Weathersville Road**

18. **442X I**

**CAUSE OF DEATH**

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) **Cerebral Hemorrhage - Rgt**

DUE TO

**3-4-52**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) **Hypertensive Cardiovascular  
Disease**

DUE TO

**?**

(C)

**II**  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-13**, 19**51**, to **8-6**, 19**52**, that I last saw the  
deceased alive on **3-6**, 19**52**, and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**burial**

**3/10/52**

**Loudon Park Cemetery**

**Baltimore,**

**Maryland**

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**MAR 8-1952**

**Huntington Williams, M.D.**

**Wm. Cook, Inc.**

**1217 St. Paul St.**

MEDICAL CERTIFICATION

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 1, 1900

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY:

1900

PRINTED BY THE

UNIVERSITY OF THE STATE OF NEW YORK

ALBANY

125  
52 2296  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2296

1. NAME OF DECEASED (Type or Print) <i>Alexander Gibson</i>		2. DATE OF DEATH <i>March 6, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>Balto. Deposal Plant</i>		E. DATE OF BIRTH <i>Aug 2, 1886</i>	
c. Length of stay in Baltimore <i>Life</i>		9. AGE (In years last birthday) <i>65</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. AGE (In years last birthday) <i>65</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>for</i>	
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			

18. <i>470.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> DUE TO <i>Arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/6*, 19*52*, to *3/6*, 19*52*, that I last saw the deceased alive on *3/6*, 19*52*, and that death occurred at *10:40 A.*, from the causes and on the date stated above.

23A. SIGNATURE <i>H. S. Langford</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-10-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbiter</i>
24D. LOCATION (City, town, or county) <i>Md</i>		(State)

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Les. E. Nelson</i>	ADDRESS <i>1303 Prentiss St</i>
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HOUSE OF REPRESENTATIVES



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2297  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**Annie B. Green**

2. DATE  
OF DEATH

**March 7, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**Md.**

B. COUNTY

\_\_\_\_\_

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**1370 N. Fremont Ave.**

C. CITY OR TOWN

**Balto.**

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

**1370 N. Fremont Ave.**

c. Length of stay in Baltimore

**life**

Yrs.  
Mos.  
Days

5. SEX

**F**

6. COLOR OR RACE

**C**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**W**

8. DATE OF BIRTH

**Aug. 1, 1881 70**

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**H. Wife**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Md.**

12. CITIZEN OF WHAT COUNTRY?

**U. S. A.**

13. FATHER'S NAME

**Boy Butler**

14. MOTHER'S MAIDEN NAME

**Fannie Smith**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

**none**

17. INFORMANT

ADDRESS

**Dennis Keen 1370 N. Fremont Ave.**

18. **443 X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Hypertensive Cardio-vascular disease; cerebral hemorrhage**

**48 hrs.**

DUE TO

(B)

**hypertension**

**2 yrs.**

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**none**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1949**, 19, to **3.7**, 19**52**, that I last saw the deceased alive on **3.7**, 19**52**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**James D. Carr**

M. D.

23B. ADDRESS

**1455 Madison Ave**

23C. DATE SIGNED

**3.8.52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**March 10 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Zion**

24D. LOCATION (City, town, or county)

**Balto. Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**MAR 8 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**George G. Kelson 1303 Presstman St.**



STATE OF NEW YORK  
CERTIFICATE OF DEATH

1911

DECEASED  
NAME  
AGE  
SEX  
RACE  
BIRTH PLACE  
DEATH PLACE  
DATE OF DEATH  
TIME OF DEATH  
CAUSE OF DEATH  
MANNER OF DEATH  
PLACE OF DEATH  
PLACE OF BURIAL  
NAME OF FUNERAL HOME  
NAME OF MINISTER  
NAME OF CLERGYMAN  
NAME OF CHURCH  
NAME OF CEMETERY  
NAME OF INTERVIEWER  
NAME OF REGISTRAR  
NAME OF CLERK



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4358  
52 2298BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2298

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Ernest Moulden</b>			2. DATE OF DEATH <b>March 7, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1828 Laurens St</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b> <b>15-02</b>		
c. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1828 Laurens St.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>1887</b>	9. AGE (In years last birthday) <b>64</b>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wrench Driver</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Curtis Bay</b>		11. BIRTHPLACE (State or foreign country) <b>Md.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13. FATHER'S NAME <b>Nathan Mouldin</b> <i>Shipyard</i>		
14. MOTHER'S MAIDEN NAME <b>?</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Cora Jackson 1031 N. Stricker St.</b>		

18. <b>480X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pneumonia (Solar)</b> DUE TO <b>Glippe</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 days.</b> <b>6 days.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-5-52** 19, to **3-7-** 19, that I last saw the deceased alive on **3-6-52** 19, and that death occurred at **4:00** a.m., from the causes and on the date stated above.

23A. SIGNATURE **George C. Page** M. O. **1816 N. Mount St** 23B. ADDRESS **3-8-52** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **March 10 1952** 24C. NAME OF CEMETERY OR CREMATORY **St. Peters** 24D. LOCATION (City, town, or county) (State) **Md.**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 8-1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR ADDRESS **George G. Nelson 1303 Presstman St.**

MEMORANDUM FOR THE RECORD  
SUBJECT: [Illegible]

[The body of the memorandum contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into a standard memorandum format with a subject line, followed by several paragraphs of descriptive text.]

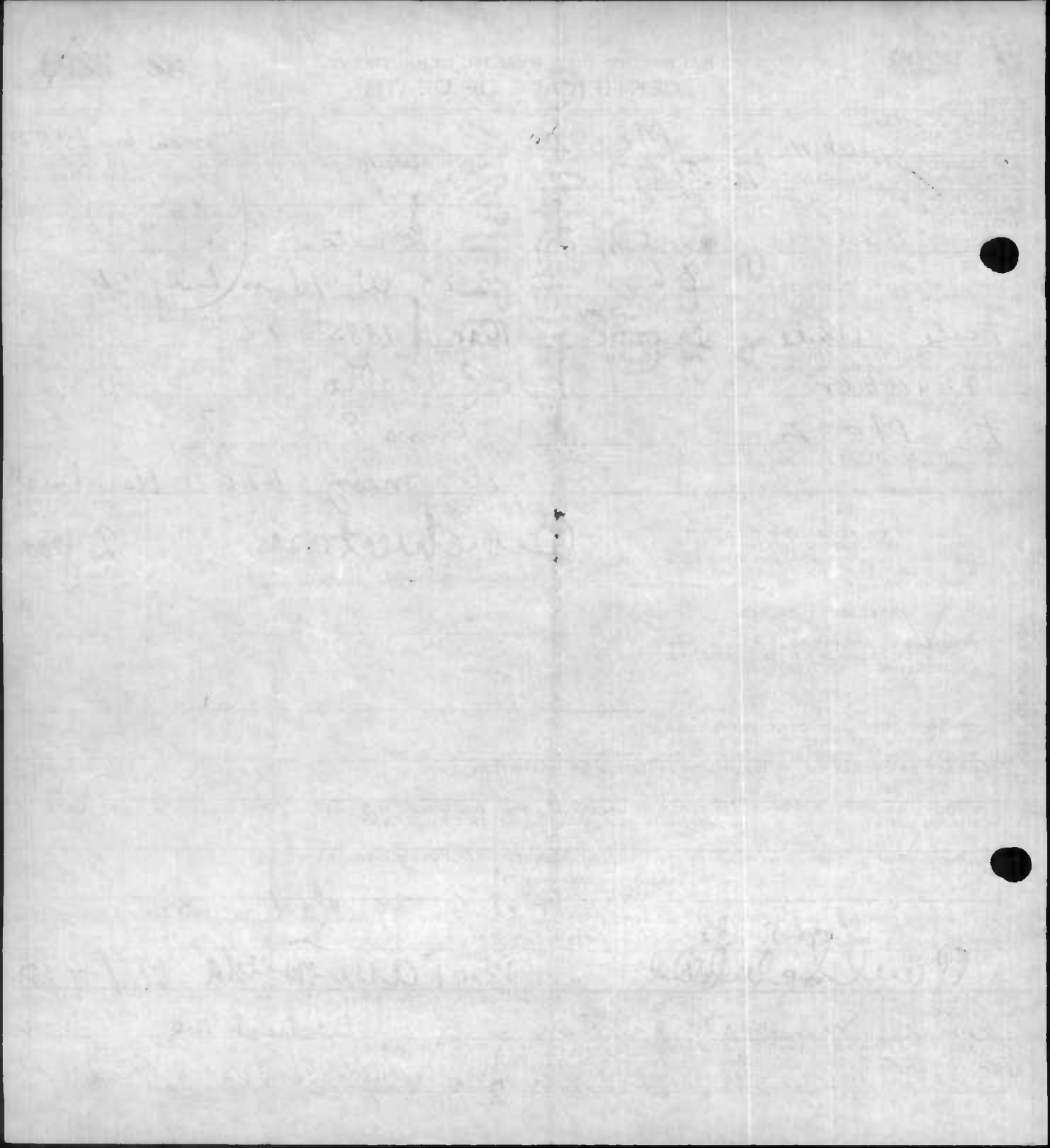
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52 2299

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2299  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>John. S. Mesz</i>			2. DATE OF DEATH <i>Mar 6 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>620 W Hamburg St</i>			C. CITY OR TOWN (If outside corporate limits, write R.R. 1, and give township) <i>Balto. 21-01</i>					
C. Length of stay in Baltimore <i>66 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>620 W Hamburg St</i>					
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Dec. 1885</i>	9. AGE (in years last birthday) <i>66</i>	If over 1 Year Months: Days: Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Plumber.</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Balto</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			13. FATHER'S NAME <i>7. Mesz</i>			14. MOTHER'S MAIDEN NAME <i>Anna. E. ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>H. Mesz 620 W Hamburg St</i>		

18. <i>576 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Brucellectosis -</i>			CAUSE OF DEATH <i>Brucellectosis -</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 year</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			(A) DUE TO  (B) DUE TO  (C)					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Feb 6 1952</i> , to <i>Mar 6 1952</i> , that I last saw the deceased alive on <i>Mar 5 1952</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Paul Selufeld</i>			23B. ADDRESS <i>301 Campbell</i>			23C. DATE SIGNED <i>3/7/52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Mar 8-52</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Louclon</i>		
24D. LOCATION (City, town, or county) <i>Fredrick ave</i>			24E. FUNERAL DIRECTOR <i>Bernard Hark</i>			24F. ADDRESS <i>1000 S Paca St</i>		



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2300**

**425**  
**52 2300**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MATTIE CROSWELL WILSON</b>			2. DATE OF DEATH <b>Mar. 6, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3014 Windsor Ave.</b>			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3014 Windsor Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 28, 1879</b>		9. AGE (In years last birthday) <b>72</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Seyern Croswell</b>			14. MOTHER'S MAIDEN NAME <b>Mary Muir</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mr. John W. Wilson - 3014 Windsor Ave.</b>		

18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 15 min</b>
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Cardio-vascular disease</b> <b>Arterio-sclerosis</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 23**, 19**52**, to **March 6**, 19**52**, that I last saw the deceased alive on **March 3**, 19**52**, and that death occurred at **6 PM.**, from the causes and on the date stated above.

23A. SIGNATURE **Frank D. Smith** M. D. 23B. ADDRESS **2220 Garrison Rd - March 8/52** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/10/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Meadowridge Mem. Pk.</b>	24D. LOCATION (City, town, or county) (State) <b>Elkridge, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 8 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Mr. J. Lickner &amp; Sons</b>	ADDRESS <b>Baltimore, Md.</b>
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STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Funeral Home	
13. Name of Coroner		14. Name of Registrar		15. Name of Medical Examiner		16. Name of Health Officer	
17. Name of Police Officer		18. Name of Fire Department		19. Name of Fire Station		20. Name of Fire Engine	
21. Name of Fire Truck		22. Name of Fire Hose		23. Name of Fire Ladder		24. Name of Fire Axe	
25. Name of Fire Pick		26. Name of Fire Shovel		27. Name of Fire Trowel		28. Name of Fire Bucket	
29. Name of Fire Hose		30. Name of Fire Ladder		31. Name of Fire Axe		32. Name of Fire Pick	
33. Name of Fire Shovel		34. Name of Fire Trowel		35. Name of Fire Bucket		36. Name of Fire Hose	
37. Name of Fire Ladder		38. Name of Fire Axe		39. Name of Fire Pick		40. Name of Fire Shovel	
41. Name of Fire Trowel		42. Name of Fire Bucket		43. Name of Fire Hose		44. Name of Fire Ladder	
45. Name of Fire Axe		46. Name of Fire Pick		47. Name of Fire Shovel		48. Name of Fire Trowel	
49. Name of Fire Bucket		50. Name of Fire Hose		51. Name of Fire Ladder		52. Name of Fire Axe	
53. Name of Fire Pick		54. Name of Fire Shovel		55. Name of Fire Trowel		56. Name of Fire Bucket	
57. Name of Fire Hose		58. Name of Fire Ladder		59. Name of Fire Axe		60. Name of Fire Pick	
61. Name of Fire Shovel		62. Name of Fire Trowel		63. Name of Fire Bucket		64. Name of Fire Hose	
65. Name of Fire Ladder		66. Name of Fire Axe		67. Name of Fire Pick		68. Name of Fire Shovel	
69. Name of Fire Trowel		70. Name of Fire Bucket		71. Name of Fire Hose		72. Name of Fire Ladder	
73. Name of Fire Axe		74. Name of Fire Pick		75. Name of Fire Shovel		76. Name of Fire Trowel	
77. Name of Fire Bucket		78. Name of Fire Hose		79. Name of Fire Ladder		80. Name of Fire Axe	
81. Name of Fire Pick		82. Name of Fire Shovel		83. Name of Fire Trowel		84. Name of Fire Bucket	
85. Name of Fire Hose		86. Name of Fire Ladder		87. Name of Fire Axe		88. Name of Fire Pick	
89. Name of Fire Shovel		90. Name of Fire Trowel		91. Name of Fire Bucket		92. Name of Fire Hose	
93. Name of Fire Ladder		94. Name of Fire Axe		95. Name of Fire Pick		96. Name of Fire Shovel	
97. Name of Fire Trowel		98. Name of Fire Bucket		99. Name of Fire Hose		100. Name of Fire Ladder	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2301**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. DATE

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**5315 Denmore Ave.**

C. Length of stay in Baltimore

5. SEX

**Female Colored**

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widow**

8. DATE OF BIRTH

**May 4, 1885**

9. AGE (in years last birthday)

**66**

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

**Home**

11. BIRTHPLACE (State & foreign country)

**Danville, Va.**

12. CITIZEN OF WHAT COUNTRY?

**U. S. A.**

13. FATHER'S NAME

**Unknown**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**No.**

16. SOCIAL SECURITY NO.

**Mr. Robert L. Chambliss**

17. INFORMANT

**Mr. Robert L. Chambliss**

ADDRESS **5315 Denmore Ave**

18. **443 x 2 180 x**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Cerebral accident**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

**1 week**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive cardio-vascular disease**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Carcinoma of right kidney, with metastasis to duodenum and large bowel**

19A. DATE OF OPERATION

**December 29, 1951**

19B. MAJOR FINDINGS OF OPERATION

**Carcinoma of right kidney with metastasis to duodenum and large bowel**

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about house, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 8, 1947**, to **March 4, 1952**, that I last saw the deceased alive on **Feb. 29, 1952**, and that death occurred at **4:20 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

**C. Campbell**

23B. ADDRESS

**718 Dolphin St.**

23C. DATE SIGNED

**March 6, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Mar. 8, 1952**

24C. NAME OF CEMETERY OR CREMATORY

**Arbutus Mem.**

24D. LOCATION (City, town, or county)

**Baltimore C. Md.**

DATE RECEIVED BY LOCAL REGISTRAR

**MAR 8 - 1952**

REGISTRAR'S SIGNATURE

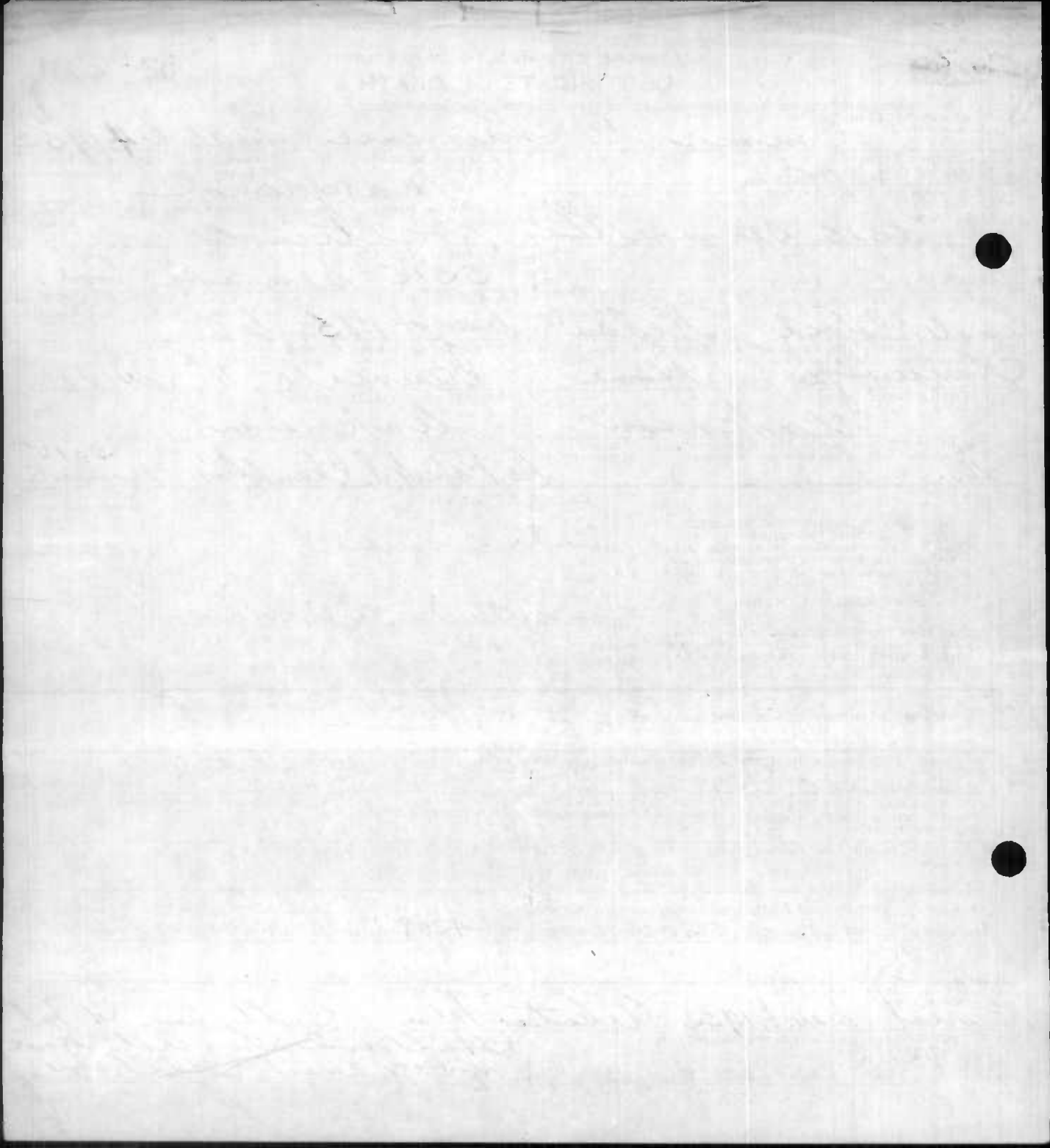
**Huntington Wilson**

25. FUNERAL DIRECTOR

**Wallace Funeral Home**

ADDRESS

**1631 Squid Hill Ave.**



252  
52 2302BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2302

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Albert

IACONIS

2. DATE  
OF  
DEATH

MAR 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

W. VA.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Clarksburg,

D. STREET ADDRESS (If rural, give location)

711 Clark St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9-20-79

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Iaconis

14. MOTHER'S MAIDEN NAME

Rose Maggie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 140X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

METASTATIC Ca of lip

6 mo +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-5-52

19B. MAJOR FINDINGS OF OPERATION

Metastatic Ca of lip

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-1952 to 3-8-1952 that I last saw the  
deceased alive on 3-8-1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John Burroughs

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-8-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

3/8/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Clarksburg W. Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 8 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Cook, Inc. 1217 ST. Paul St.

ADDRESS

WALLACE  
COMMERCIAL

WALLACE COMMERCIAL

WALLACE COMMERCIAL  
WASHINGTON, D.C. 20540

WALLACE COMMERCIAL  
WASHINGTON, D.C. 20540

WALLACE COMMERCIAL  
WASHINGTON, D.C. 20540

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WASHINGTON, D.C. 20540

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WALLACE COMMERCIAL  
WASHINGTON, D.C. 20540

WALLACE COMMERCIAL  
WASHINGTON, D.C. 20540

263  
52 2303BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2303  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charlotte Eckhardt

2. DATE  
OF  
DEATH

Mar 7 '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

27 N. Carey Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
MarylandB. COUNTY  
BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Glen Morris (Reisterstown)

D. STREET ADDRESS (If rural, give location)

Old Hanover Rd. 5200

c. Length of stay in Baltimore

14

Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 17, 1887

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

never employed

10B. KIND OF BUSINESS OR  
INDUSTRY

Kept house at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis C. Eckhardt

14. MOTHER'S MAIDEN NAME

Charlotte Klingmeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no.

no.

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Grace Eckstein, 3201 Ramona Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Metastatic Carcinoma.

2 mo.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Carcinoma Rt &amp; Left Breast

Left 10 yrs  
at 6 yrs

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

Hypertensive C-V. Disease

10 yrs

19A. DATE OF OPERATION

Sept 47 Rt 48

19B. MAJOR FINDINGS OF OPERATION

Carcinoma both breasts

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

none.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

none.

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

none.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

none.

m.

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

none.

22. I hereby certify that I attended the deceased from 11-4, 1938 to 3-7, 1952, that I last saw the  
deceased alive on 3-1, 1952, and that death occurred at 29. m., from the causes and on the date stated above.

23A. SIGNATURE

S.D. Caples

M. D.

23B. ADDRESS

Reisterstown, Md.

23C. DATE SIGNED

3-8-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

3/10/52

24C. NAME OF CEMETERY OR CREMATORY

St. Paul 's Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Am. Cook, Inc.

ADDRESS

1217 St. Paul Street





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2304**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**LAURA I. BEHRENS**

2. DATE  
OF  
DEATH

**Mar. 7, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Md.**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2608 Roslyn Ave.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**2608 Roslyn Ave.**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**female**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**widowed**

8. DATE OF BIRTH

**June 10, 1864**

9. AGE (In years last birthday)

**87**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

**at home**

11. BIRTHPLACE (State or foreign country)

**Illinois**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**John L. Zweck**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Miss Kathryn Behrens - 2608 Roslyn Ave.**

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Myocardial insufficiency**

**3 mo.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSATION LAST.

DOE TO

**arteriosclerosis.**

(B)

**Senility.**

DOE TO

**chronic arthritis spine**

(C)

**chronic cystitis and**

**pyelitis.**

**6 mo**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**None**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1927** to **Mar. 7, 1952**, that I last saw the deceased alive on **Mar 7, 1952**, and that death occurred at **930 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**Paul H. Lebowitz**

M. O.

23B. ADDRESS

**24 E. Eager St**

23C. DATE SIGNED

**Mar. 9, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**3/10/52**

24C. NAME OF CEMETERY OR CREMATORY

**Lorraine Mausoleum**

24D. LOCATION (City, town, or county) (State)

**Woodlawn, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, Jr.**

25. FUNERAL DIRECTOR

ADDRESS

**Wm. J. Eidenor & Sons**

**Balto Md 935**

correct age is especially important. Physicians, please write the cause of death clearly.



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
CERTIFICATE OF DEATH

DATE OF DEATH

THIS CERTIFICATE IS TO BE  
FILLED OUT BY THE PHYSICIAN  
WHO ATTENDED THE DECEASED  
OR BY THE PERSON WHO HAS  
THE CUSTODY OF THE BODY  
AT THE TIME OF DEATH  
OR BY THE PERSON WHO  
HAS THE CUSTODY OF THE  
BODY AT THE TIME OF  
DEATH

NEW YORK  
JAN 1 1900

530  
52 2305BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2305

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Samuel Clayton Hunt</b>			2. DATE OF DEATH <b>Mar. 5, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>26-36</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>1431 Gusyran St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>42 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>1431 Gusyran St.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 17, 1888</b>	9. AGE (in years last birthday) <b>63</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Balto. Transit Co.</b>		
11. BIRTHPLACE (State or foreign country) <b>Bazman, Talbot Co., Md.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Thomas R. Hunt</b>			14. MOTHER'S MAIDEN NAME <b>Sarah E. Ferguston</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>214-03-7794</b>		
17. INFORMANT <b>Mary V. Hunt, 1431 Gusyran St.</b>			ADDRESS		

18. <b>350X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Perkerson's Disease</b> DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <b>10 yr</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1950</b> , 19, to <b>3/5</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3/3</b> , 19 <b>52</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. Joseph Towhey</b> M. D.		23B. ADDRESS <b>441 S. Ellwood Ave</b>		23C. DATE SIGNED <b>3/6/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Mar. 8, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. FUNERAL DIRECTOR <b>1913 N. Katto, St.</b>		ADDRESS	

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UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

1000

UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY  
WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY  
WASHINGTON, D. C.

426  
52 2306

52 2306

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>EMMA HUGHLETT B BLOCHER.</b>		2. DATE OF DEATH <b>MARCH 6 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>317 EAST 30th ST</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>BALTIMORE CITY MARYLAND</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>		C. CITY OR TOWN (If outside corporate limits, write L.P.R.A., and give township) <b>BALTIMORE CITY</b>	
c. Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>317 EAST 30th STREET.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Apr. 6, 1866</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>85</b>
13. FATHER'S NAME <b>Henry Banning</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Marie E. Denney</b>	
17. INFORMANT <b>Mr. Thomas Blocher - 317 E. 30th. St.</b>		ADDRESS	

18. <b>760X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CHRONIC MYOCARDITIS</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>ARTERIOR SCLEROSIS.</b> DUE TO <b>DIABETIS MELLITUS</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>NONE</b>		CAUSE OF DEATH <b>CHRONIC MYOCARDITIS</b> <b>FEBRUARY 2 1952</b> <b>ARTERIOR SCLEROSIS.</b> <b>1952</b> <b>DIABETIS MELLITUS</b> <b>1945.</b>		INTERVAL BETWEEN ONSET AND DEATH	
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19A. DATE OF OPERATION <b>NONE</b>		19B. MAJOR FINDINGS OF OPERATION <b>NONE</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **FEBR 2 1952**, to **MARCH 6 1952**, that I last saw the deceased alive on **MAR 6 1952**, and that death occurred at **1.20 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE *Charles J. Cloutier* M. D. 23B. ADDRESS **3013 SAINT PAUL STREET.** 23C. DATE SIGNED **MARCH 6 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3/8/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 8 - 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <b>Wm. J. Tickner &amp; Sons</b>		ADDRESS <b>North &amp; Pa. Aves.</b>	

VS 150

61

STATE OF TEXAS  
COUNTY OF DALLAS

THIS DEED WAS FORWARDED TO THE

RECORDS OF THE COUNTY OF DALLAS

ON THE 10TH DAY OF JANUARY 1900

RECORDED

BOOK 10 PAGE 10

BY THE CLERK OF THE COUNTY

AT

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2307**

**-620**

BIRTH NO. **2307**

1. NAME OF DECEASED (Type or Print) <b>MATHILDE Bortell MORRIS</b>			2. DATE OF DEATH <b>MARCH 7, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>LUTHERAN HOSP.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <b>2102 MARYLAND AVENUE</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Oct. 13, 1894</b>		9. AGE (in years last birthday) <b>57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>John BORTELL</b>			14. MOTHER'S MAIDEN NAME <b>Theresa Cunningham</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>HUSBAND</b> ADDRESS <b>2102 Maryland Ave.</b>		

18. **420.1 I** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
(A) **Myocardial Infarction, acute** DUE TO **1 day**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
(B) DUE TO  
(C)

**II**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

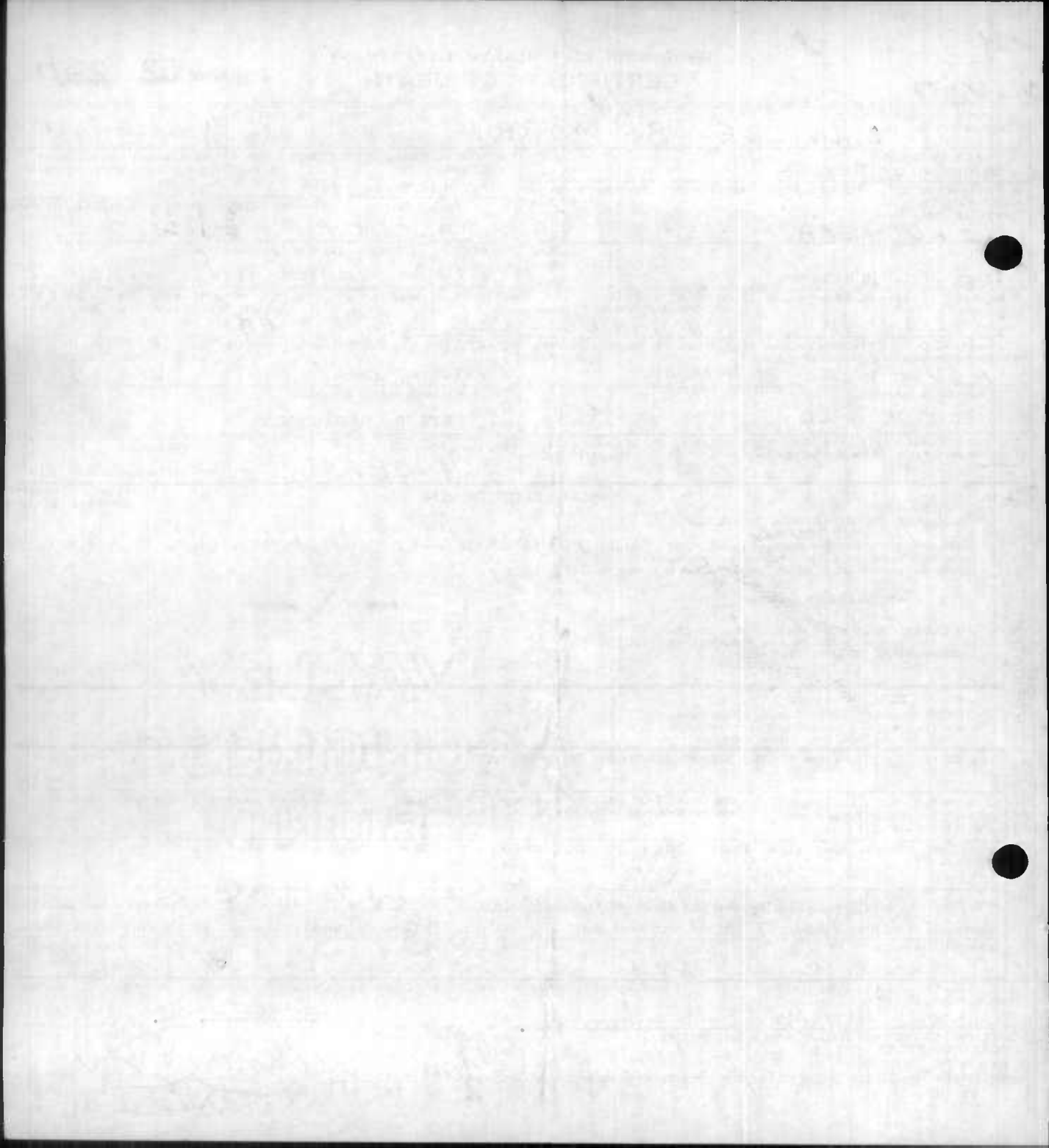
22. I hereby certify that I attended the deceased from **Mar. 7, 1952** to **Mar. 7, 1952** that I last saw the deceased alive on **Mar. 7, 1952** and that death occurred at **7:29 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Miriam S. Daly</b> M. D.	23b. ADDRESS <b>Lutheran Hosp of Md.</b>	23c. DATE SIGNED <b>Mar. 7, 1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/8/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 8 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Thos. J. Tickener &amp; Sons</b>	ADDRESS <b>Balto Md. 94a</b>
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52 655 2308

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2308

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>HELEN MORNINGSTAR</b>			2. DATE OF DEATH <b>3/7/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>LUTHERAN HOSP</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>BALTIMORE</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>LUTHERAN HOSPITAL OF MD.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE Rural</b>		
C. Length of stay in Baltimore <b>20</b>			D. STREET ADDRESS (If rural, give location) <b>1720 RIVER ROAD 5300</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 3, 1909</b>	9. AGE (In years last birthday) <b>42</b>	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			11. BIRTHPLACE (State or foreign country) <b>MD</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Robert Dixon</b>			14. MOTHER'S MAIDEN NAME <b>Emma O'BREIN</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			17. INFORMANT ADDRESS <b>JANE MORNINGSTAR 1720 RIVER ROAD</b>		
16. SOCIAL SECURITY NO. _____					

18. <b>510.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ASPERATION OF BLOOD</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 MINUTES</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>HEMORRHAGE FROM TONSIL FOSSA</b>		<b>30 MINUTES</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT. <b>TONSILECTOMY</b>		<b>60 MINUTES</b>

19A. DATE OF OPERATION <b>3/7/52</b>	19B. MAJOR FINDINGS OF OPERATION <b>CHRONIC TONSILLITIS</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2/29**, 19**52**, to **3/7**, 19**52**, that I last saw the deceased alive on **3/7**, 19**52**, and that death occurred at **5:50 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>W O Borne</b>	23B. ADDRESS <b>LUTHERAN HOSP of MD</b>	23C. DATE SIGNED <b>3/7/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/11/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Frederick Md.</b>
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 8 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>John J. Colverson</b>	ADDRESS <b>801 St. Hollins</b>
---	---	--	-----------------------------------

MEDICAL CERTIFICATION

418 21

418 21



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2309  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**LAURA TRUNDLE**

2. DATE OF DEATH **March 7, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**Franklin Square Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1338 Hollins St.**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**8/2/1887**

9. AGE (In years last birthday)

**64**

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**House work**

10B. KIND OF BUSINESS OR INDUSTRY

**at Home**

11. BIRTHPLACE (State or foreign country)

**Norfolk Va.**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**William E. Hayes**

14. MOTHER'S MAIDEN NAME

**Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**Mr Bernard T. Trundle 1338 St. Hollins**

18. **174X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of uterus**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

**Stanley K. Omlescher M.D.**

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **March 8, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**3/10/52**

24C. NAME OF CEMETERY OR CREMATORY

**Met Olive Cem.**

24D. LOCATION (City, town, or county) (State)

**2930 Frederick Rd.**

DATE RECEIVED BY LOCAL REGISTRAR

**MAR 8 - 1952**

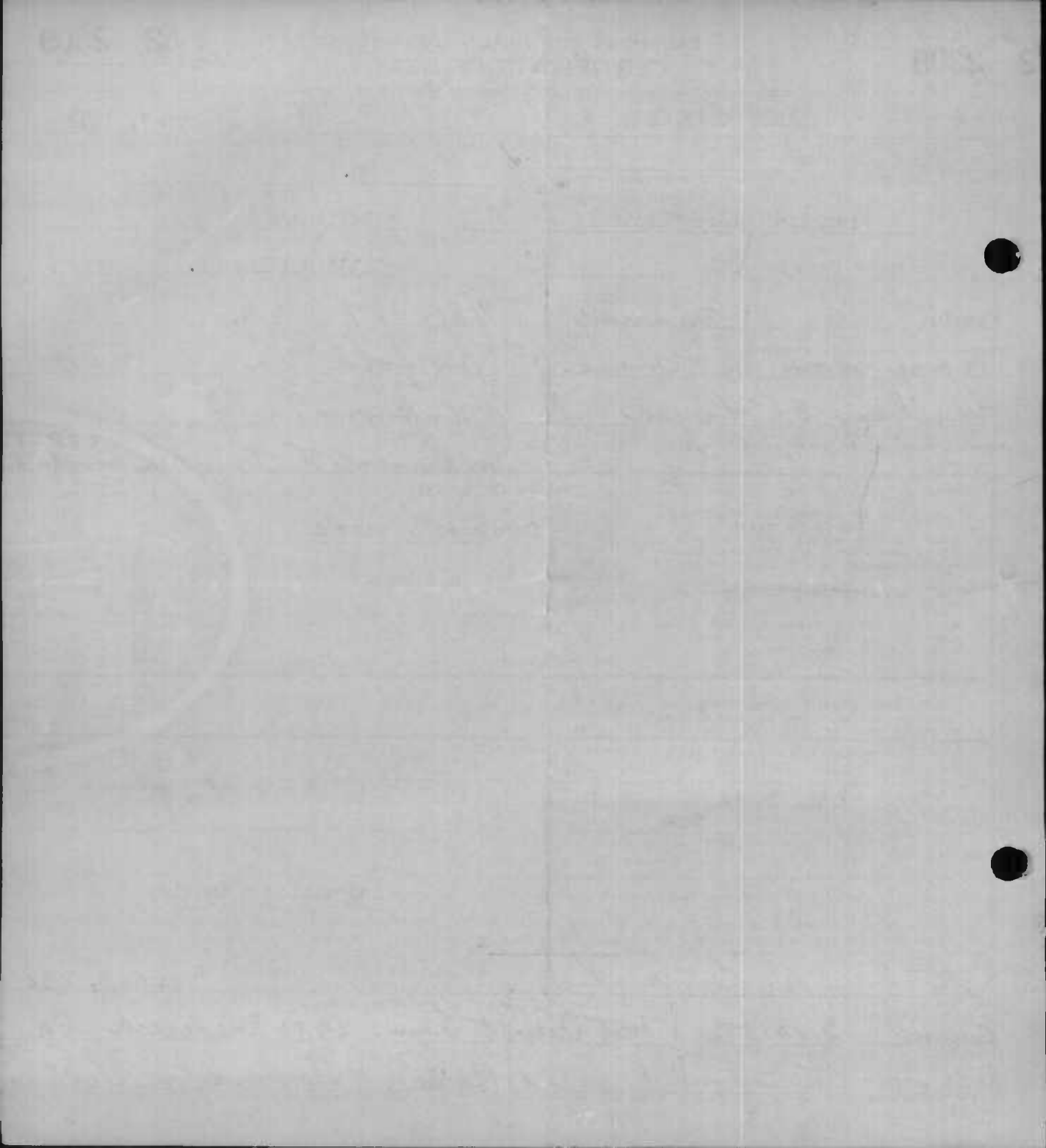
REGISTRAR'S SIGNATURE

**Huntington Williams, Jr.**

25. FUNERAL DIRECTOR

**John J. Cowan & Son Hollins**

ADDRESS



1-160  
52 2310

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2310

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Julia Weaver</i>		2. DATE OF DEATH <i>3/8/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>1803</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>37 S. Carlton St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>50</i>		D. STREET ADDRESS (If rural, give location) <i>37 S. Carlton St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Unknown 1978</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>W. LeRoy Duckett</i>		ADDRESS <i>3210 Kimble Rd</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Coronary Occlusion</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Coronary Insufficiency</i> DUE TO (C) <i>Arteriosclerosis C-V disease</i>	<i>Years</i> <i>Years</i>
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan*, 1950, to *Mar 8*, 1952, that I last saw the deceased alive on *Feb 27*, 1952, and that death occurred at *8 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Abram Goldman M.D.* 23B. ADDRESS *206 S. Gilman St.* 23C. DATE SIGNED *3/8/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *3/10/52* 24C. NAME OF CEMETERY OR CREMATORY *Landon Park Cem.* 24D. LOCATION (City, town, or county) (State) *3901 Frederick Rd.*

DATE RECEIVED BY LOCAL REGISTRAR *MAR 8 - 1952* REGISTRAR'S SIGNATURE *Wilmington Williams, M.D.* 25. FUNERAL DIRECTOR *John J. Coward* ADDRESS *San Hollins*

000000

000000

DATE OF BIRTH OF DEATH

000000



230

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 52 231152 2311  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)MRS. CATHERINE E. LOUKOTA2. DATE  
OF  
DEATHMarch 6, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland 4014 WALNUT AV

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

a. STATE

b. COUNTY

before admission)

MARYLANDb. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore27-05

d. STREET ADDRESS (If rural, give location)

4014 Walnut Ave #6

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.FEMALE WHITEWIDOWEDMAY 20, 18757610a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?AT HOMEMARYLANDU. S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

GEORGE HESS15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 4014NOMICHAEL LOUKOTA WALNUT AV18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cerebral Hemorrhage2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Cardio-vascular Hypertensive Disease 9 years(C) Arteriosclerosis 9 yearsII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.Diabetes17 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from JANUARY, 1948, to MARCH 6, 1952, that I last saw the  
deceased alive on MARCH 6, 1952, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Michael J. DauschM. D. 4636 Belair Road3-6-5224a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

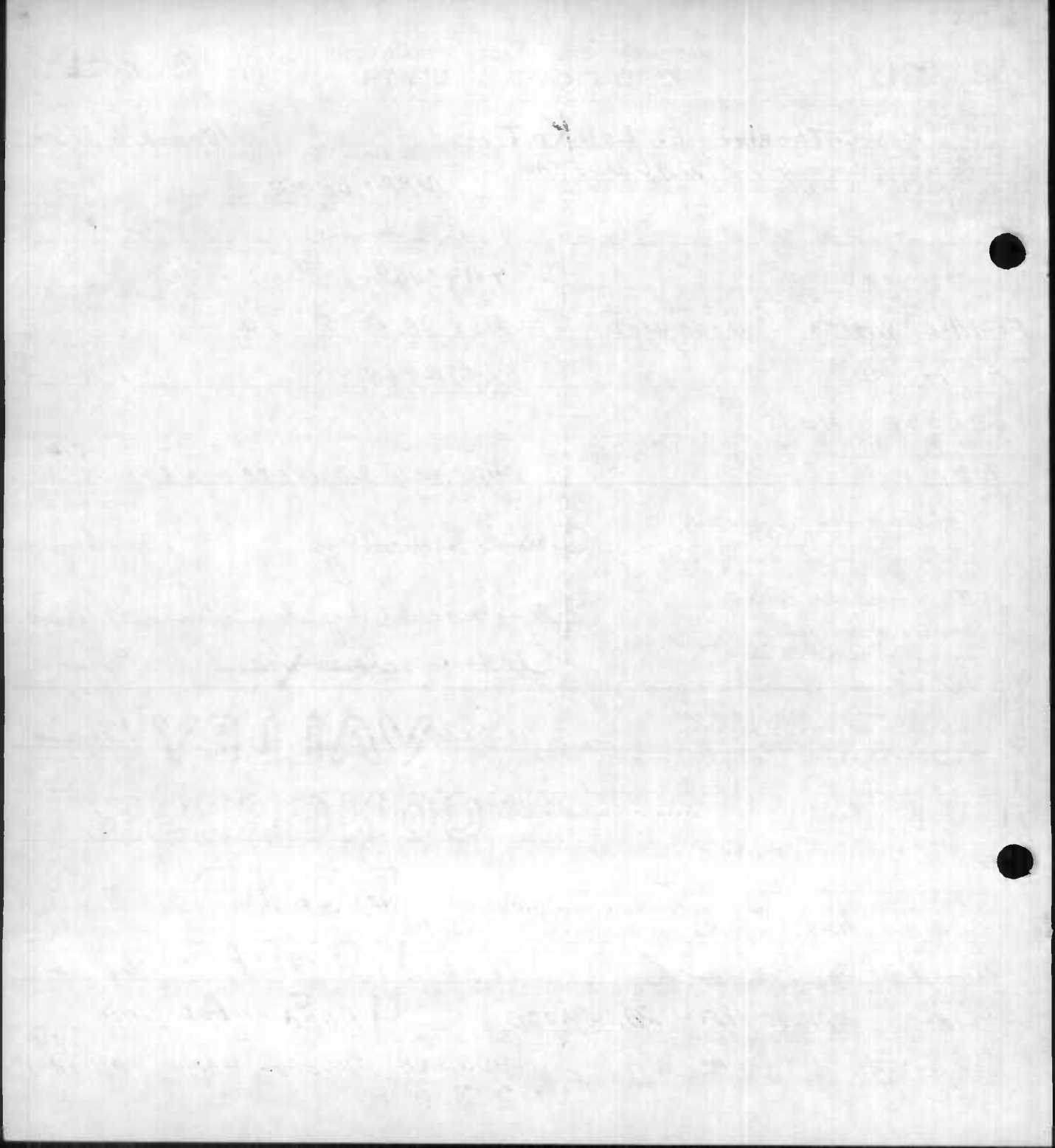
BURIALMAR 10-1952DARKWOODDARK VILLE MDDATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 2006MAR 8 - 1952H. H. Williams, Jr.VLLRICH FUNERAL HOME ORLEANS





650  
52 2312BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2312

1. NAME OF DECEASED  
(Type or Print)

ELLA BYRNE

2. DATE  
OF  
DEATH

3-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MARY LAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

612 N. LAKEWOOD AV.

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

OCT 3-1872

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARY LAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE BYRNE

14. MOTHER'S MAIDEN NAME

KATHERINE DONOVAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

CHAS J. MOENIUS. 612 N. LAKEWOOD

18. 4-2-1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CARDIAC FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ASCVD

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

Post op. ENLARGED UMBILICAL HERNIA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

ENLARGED UMBILICAL HERNIA

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-52, 1952, to 3-6-52, 1952, that I last saw the  
deceased alive on 3-6-52, 1952, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 8 - 1952

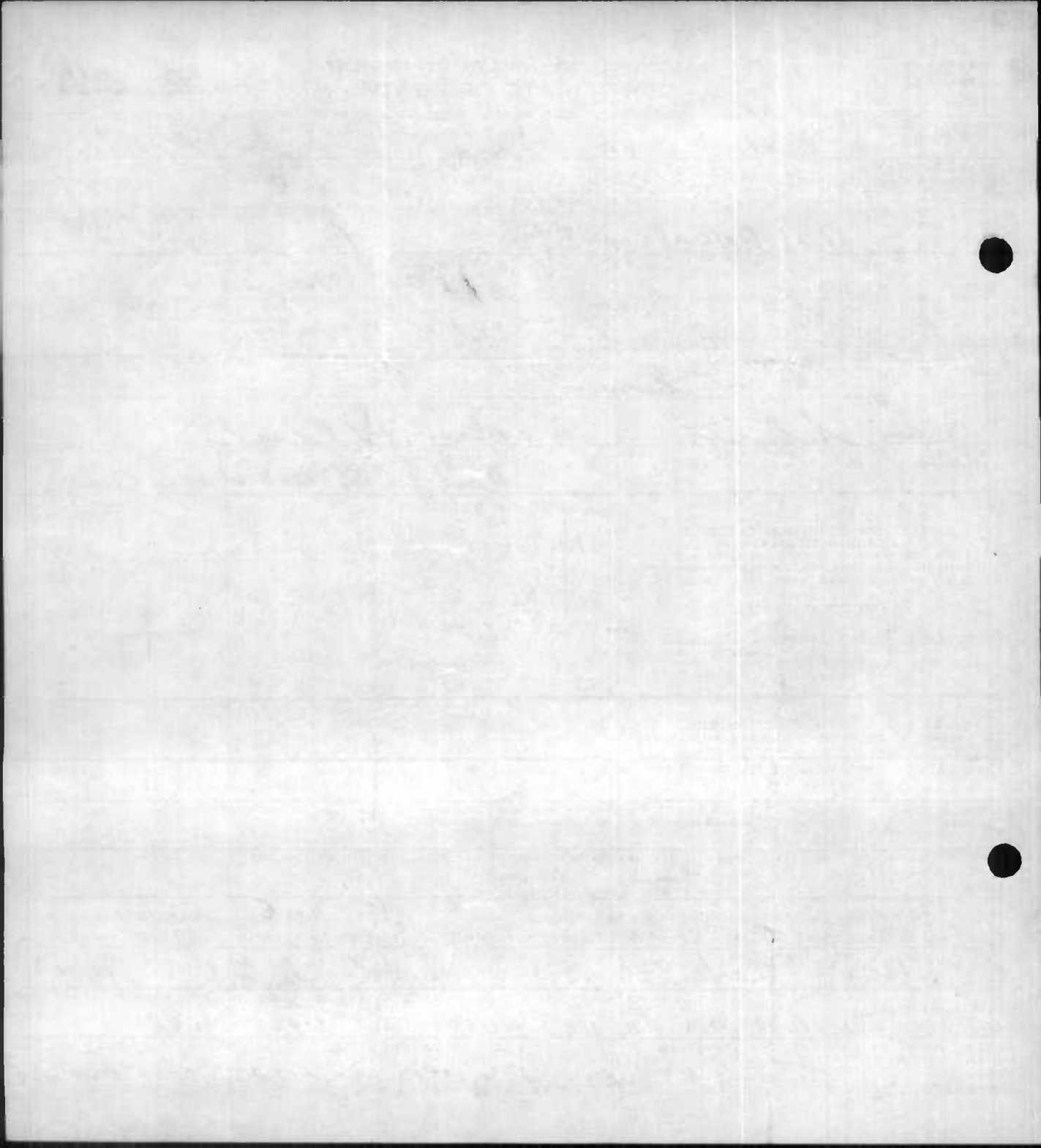
Huntington Williams, M.D. PULLICICH FUNERAL HOME ORLEANS

SL-14 24

RECEIVED AT THE OFFICE OF THE  
ATTORNEY GENERAL

1978





530

52 2314

S-2348-2d 2199

X

52 2314

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Missouri M. Smith

2. DATE  
OF  
DEATH

3-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland X

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Jenkins Memorial Hospital

9-25-46 -3-8-52

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-30-1867

9. AGE (In years,  
last birthday)

85

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Gr. 21st

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Boonsboro, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John E. Smith

14. MOTHER'S MAIDEN NAME

Catherine Hagan Ringer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

Done

17. INFORMANT

ADDRESS

18.

490x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Bilateral Lobar Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary Sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Left Ventricular Hypertrophy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1951, to 3/8, 1952, that I last saw the  
deceased alive on 3/7, 1952, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1952

VS 150

correct age is especially important. Physicians: please write full names of health agency and hospital.

108

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Signature of Physician	
9. Signature of Registrar		10. Signature of Coroner		11. Signature of Medical Examiner		12. Signature of Police Officer	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home		16. Signature of Cemetery	
17. Signature of Mortician		18. Signature of Embalmer		19. Signature of Crematorium		20. Signature of Interment	
21. Signature of Burial		22. Signature of Cremation		23. Signature of Disposition		24. Signature of Final Rest	
25. Signature of Final Rest		26. Signature of Final Rest		27. Signature of Final Rest		28. Signature of Final Rest	
29. Signature of Final Rest		30. Signature of Final Rest		31. Signature of Final Rest		32. Signature of Final Rest	
33. Signature of Final Rest		34. Signature of Final Rest		35. Signature of Final Rest		36. Signature of Final Rest	
37. Signature of Final Rest		38. Signature of Final Rest		39. Signature of Final Rest		40. Signature of Final Rest	
41. Signature of Final Rest		42. Signature of Final Rest		43. Signature of Final Rest		44. Signature of Final Rest	
45. Signature of Final Rest		46. Signature of Final Rest		47. Signature of Final Rest		48. Signature of Final Rest	
49. Signature of Final Rest		50. Signature of Final Rest		51. Signature of Final Rest		52. Signature of Final Rest	
53. Signature of Final Rest		54. Signature of Final Rest		55. Signature of Final Rest		56. Signature of Final Rest	
57. Signature of Final Rest		58. Signature of Final Rest		59. Signature of Final Rest		60. Signature of Final Rest	
61. Signature of Final Rest		62. Signature of Final Rest		63. Signature of Final Rest		64. Signature of Final Rest	
65. Signature of Final Rest		66. Signature of Final Rest		67. Signature of Final Rest		68. Signature of Final Rest	
69. Signature of Final Rest		70. Signature of Final Rest		71. Signature of Final Rest		72. Signature of Final Rest	
73. Signature of Final Rest		74. Signature of Final Rest		75. Signature of Final Rest		76. Signature of Final Rest	
77. Signature of Final Rest		78. Signature of Final Rest		79. Signature of Final Rest		80. Signature of Final Rest	
81. Signature of Final Rest		82. Signature of Final Rest		83. Signature of Final Rest		84. Signature of Final Rest	
85. Signature of Final Rest		86. Signature of Final Rest		87. Signature of Final Rest		88. Signature of Final Rest	
89. Signature of Final Rest		90. Signature of Final Rest		91. Signature of Final Rest		92. Signature of Final Rest	
93. Signature of Final Rest		94. Signature of Final Rest		95. Signature of Final Rest		96. Signature of Final Rest	
97. Signature of Final Rest		98. Signature of Final Rest		99. Signature of Final Rest		100. Signature of Final Rest	



20 52 2315

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2315  
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

CHARLOTTE or Lottie Haupke or Hopke

2. DATE

OF  
DEATH

March 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 23

20-04

D. STREET ADDRESS (If rural, give location)

2244 Booth St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9-1-80

9. AGE (in years  
last birthday)

71

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

seamstress

10B. KIND OF BUSINESS OR  
INDUSTRY

Lehman Baer

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Burchall

14. MOTHER'S MAIDEN NAME

Lydia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
220-22-1216

17. INFORMANT

ADDRESS

Mrs. Mabel Huthwelker, 1723 Hollins St.

18. 463X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Multiple pulmonary enfarcets

DUE TO

4 weeks

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Pulmonary embolism

DUE TO

Thrombophlebitis of right  
iliac vein

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Acute pericarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Mar. 5, 1952, to March 6, 1952, that I last saw the  
deceased alive on Mar. 6, 1952 and that death occurred at 1:55p.m., from the causes and on the date stated above.

23A. SIGNATURE

Doris Ilgarte

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

3/6/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

3/10/52

24C. NAME OF CEMETERY OR CREMATORY

Louden Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Lickner &amp; Sons

ADDRESS

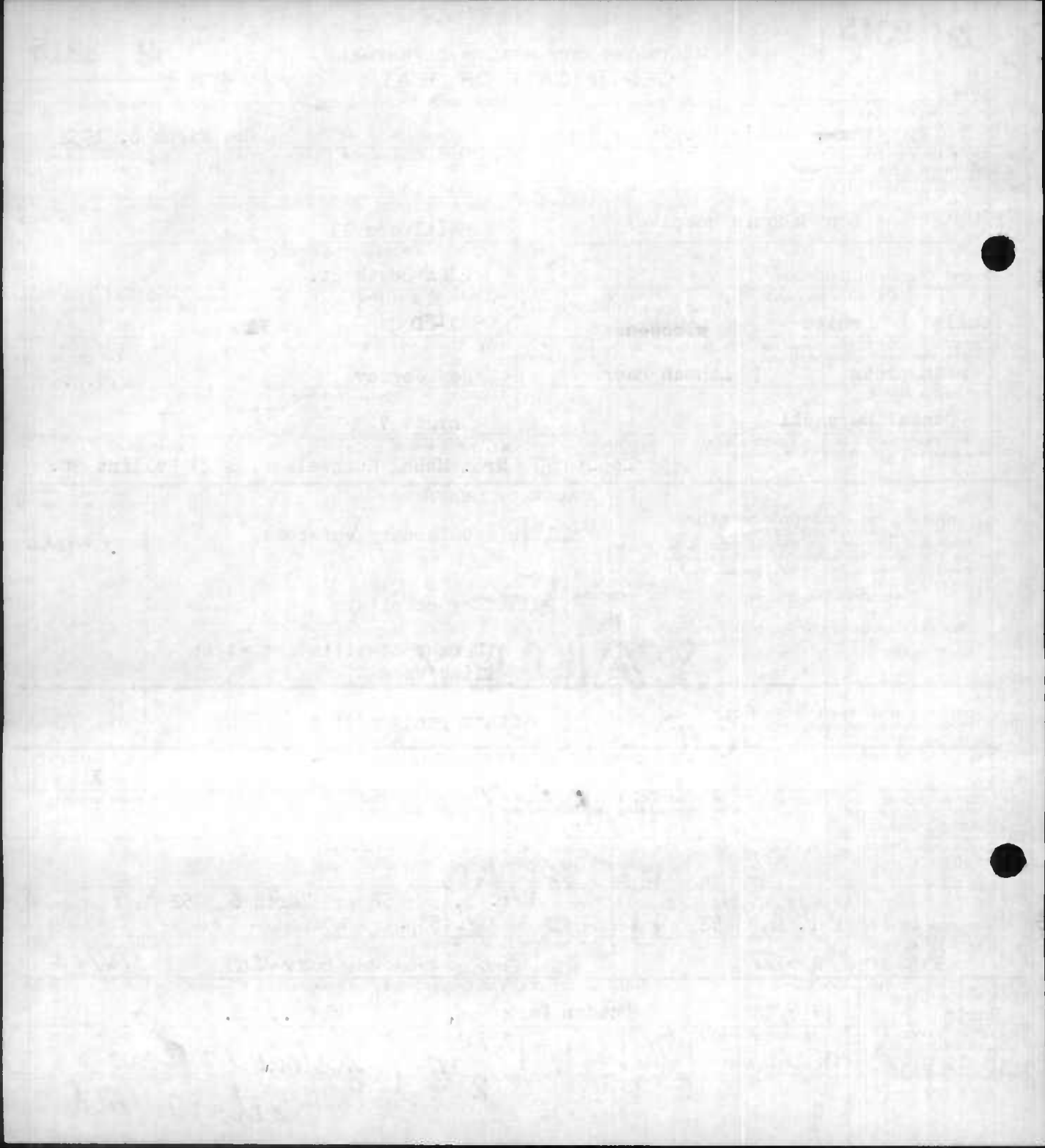
MAR 9 - 1952

VS 150

690 46

Balto 17 Md  
9013

MEDICAL CERTIFICATION



52 2316

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2316

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GRACE LEE COOK

2. DATE  
OF  
DEATH

March 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1424 Linden Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

10/3/1899

9. AGE (In years  
last birthday)

52

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Child Nurse

10B. KIND OF BUSINESS OR  
INDUSTRY

Private Home

11. BIRTHPLACE (State or foreign country)

Martin West Va.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Benton Harris

14. MOTHER'S MAIDEN NAME

Susan George

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Georgia Ashby 1424 Linden Ave.

18. 252.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Thyrotoxicosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
March 7, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

MAR:10-52

QUEENS POINT CEMETERY

KEYSER WEST VIRGINIA

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. B. WIPPERT &amp; SON

ADDRESS

VS 151

05885

F.B. WIPPERT &amp; SON

1300 EUTAW PL. 17

6310

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. The first part of the document is a list of the names of the persons who were present at the meeting.

2. The second part of the document is a list of the names of the persons who were absent from the meeting.

3. The third part of the document is a list of the names of the persons who were present at the meeting.

4. The fourth part of the document is a list of the names of the persons who were absent from the meeting.

5. The fifth part of the document is a list of the names of the persons who were present at the meeting.

6. The sixth part of the document is a list of the names of the persons who were absent from the meeting.

7. The seventh part of the document is a list of the names of the persons who were present at the meeting.

8. The eighth part of the document is a list of the names of the persons who were absent from the meeting.

9. The ninth part of the document is a list of the names of the persons who were present at the meeting.

10. The tenth part of the document is a list of the names of the persons who were absent from the meeting.

11. The eleventh part of the document is a list of the names of the persons who were present at the meeting.

12. The twelfth part of the document is a list of the names of the persons who were absent from the meeting.

13. The thirteenth part of the document is a list of the names of the persons who were present at the meeting.

14. The fourteenth part of the document is a list of the names of the persons who were absent from the meeting.

15. The fifteenth part of the document is a list of the names of the persons who were present at the meeting.

16. The sixteenth part of the document is a list of the names of the persons who were absent from the meeting.

17. The seventeenth part of the document is a list of the names of the persons who were present at the meeting.

18. The eighteenth part of the document is a list of the names of the persons who were absent from the meeting.

19. The nineteenth part of the document is a list of the names of the persons who were present at the meeting.

20. The twentieth part of the document is a list of the names of the persons who were absent from the meeting.

21. The twenty-first part of the document is a list of the names of the persons who were present at the meeting.

22. The twenty-second part of the document is a list of the names of the persons who were absent from the meeting.

23. The twenty-third part of the document is a list of the names of the persons who were present at the meeting.

24. The twenty-fourth part of the document is a list of the names of the persons who were absent from the meeting.

25. The twenty-fifth part of the document is a list of the names of the persons who were present at the meeting.

26. The twenty-sixth part of the document is a list of the names of the persons who were absent from the meeting.

27. The twenty-seventh part of the document is a list of the names of the persons who were present at the meeting.

28. The twenty-eighth part of the document is a list of the names of the persons who were absent from the meeting.

2018 20

2018 20

52 2317

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2317

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ormond

Howmes

2. DATE  
OF  
DEATH

MAR 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

6-12-78

9. AGE (In years,  
last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

181X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) pneumonia

3 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Carcinoma of Bladder

5 yrs

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

cerebrovascular accident

2 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8-1952 to 3-8-1952, that I last saw the  
deceased alive on 3-8-1952, and that death occurred at 3:55 m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. B. Butler, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/8/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

March 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Denton

24D. LOCATION (City, town, or county) (State)

Denton Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Hugh Moore &amp; Son

11-17

STATE OF TEXAS  
COUNTY OF DALLAS

Know all men by these presents

that James H. Hester of the County of Dallas, State of Texas, for and in consideration of the sum of Five Hundred Dollars to him in hand paid by John H. Hester, the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said John H. Hester, his heirs and assigns forever, all that certain

tract of land containing Five Acres more or less, situated in the County of Dallas, State of Texas, and being the same land as is more fully described in the

instrument of writing

dated and recorded

the 11th day of August, 1917







360

52 2319

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2319

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Eva Hazel Rutter

2. DATE  
OF  
DEATH

3/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Baltimore, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore, Maryland 20-01

D. STREET ADDRESS (If rural, give location)

1918 W. Fairmount Ave.,

c. Length of stay in Baltimore

53 Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/27/98

9. AGE (in years  
last birthday)

53

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Allenbaugh

14. MOTHER'S MAIDEN NAME

Mary Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

WILBUR RUTTER 1918 W. FAIRMOUNT AVE.

18. 443 X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary congestion

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-vascular disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1952, to 3-8, 1952, that I last saw the  
deceased alive on 3-4, 1952, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Davis Elgarte

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

3/4/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1952

Huntington, Williams, M.D.

Geo. L. Schwab 2101 Frederick Ave.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

52 2320

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2320

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AMELIA BohnLofink

2. DATE  
OF  
DEATH

3-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2001 WILHELM ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE 20-03

c. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2001 WILHELM ST.

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

5-10-72

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CHARWOMAN

10B. KIND OF BUSINESS OR  
INDUSTRY

BANK

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRANK SARKBLE

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No NONE

16. SOCIAL  
SECURITY NO.

212-09-4450

17. INFORMANT

ADDRESS

EVA FICK 2001 WILHELM ST.

18. 443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Hypertensive C-V Disease

INTERVAL BETWEEN  
ONSET AND DEATH

1 yr

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to 3/7/52, that I last saw the  
deceased alive on 3/7, 1952, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward O. Halliwell

M. D.

23B. ADDRESS

1847 W. North Ave

23C. DATE SIGNED

3/8/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-10-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. CARMEL

24D. LOCATION (City, town, or county)

BALTIMORE, Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

GEO B Schrab 201 Frederick

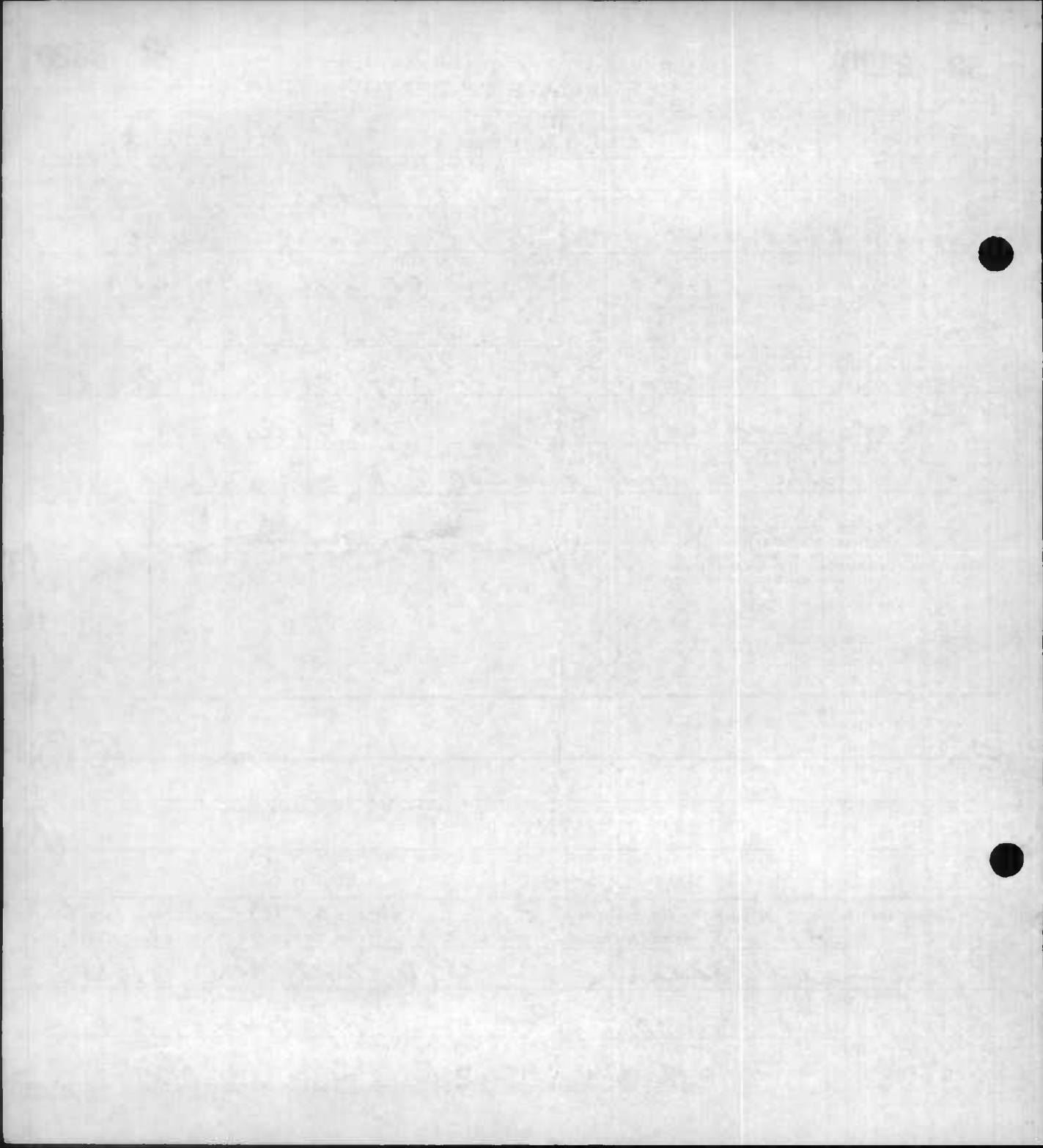
MAR 9 - 1952

VS 150

93 D

Ave.

MEDICAL CERTIFICATION



150  
52 2321BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2321  
Registered No.

BIRTH NO.

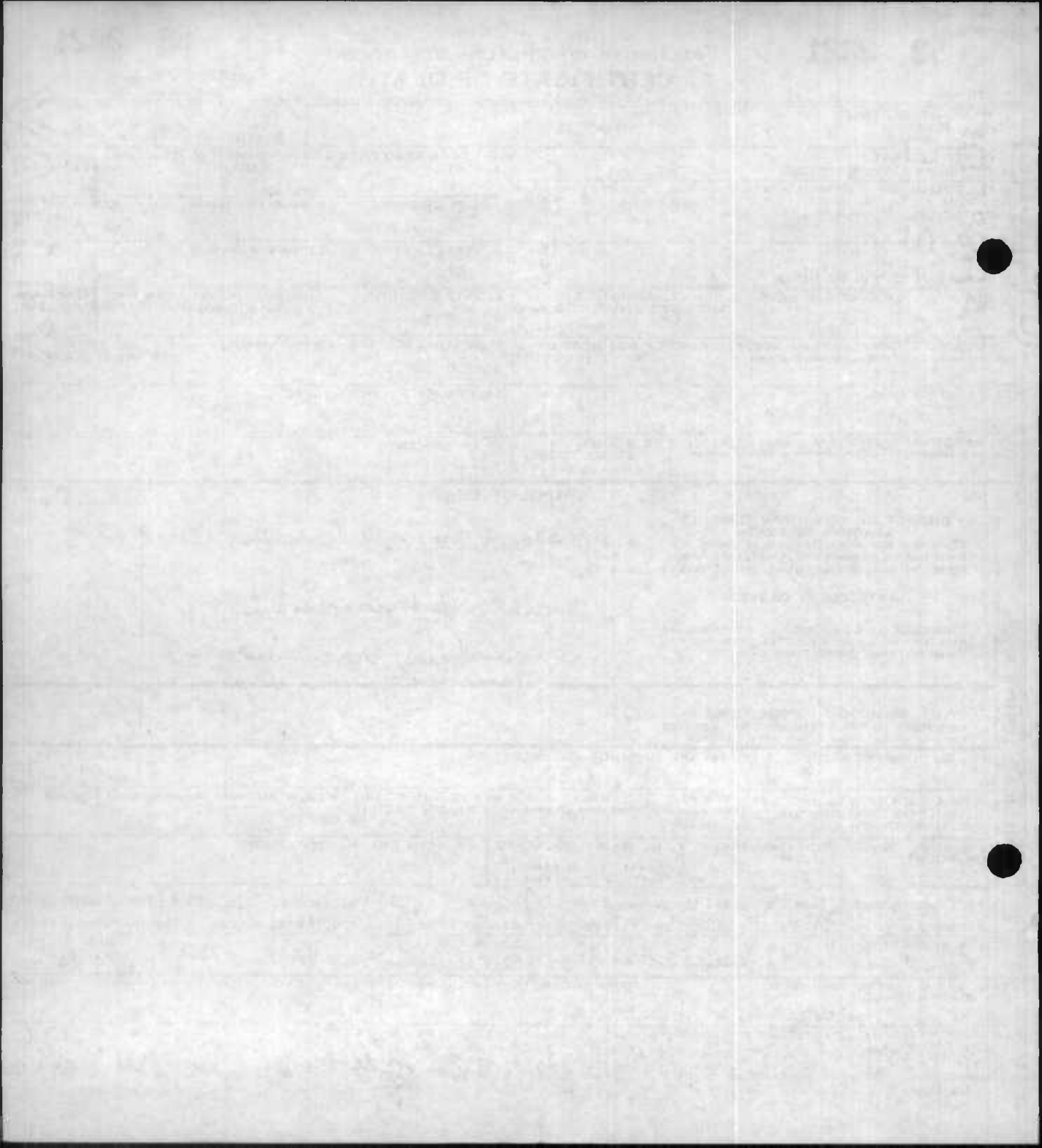
1. NAME OF DECEASED (Type or Print) <b>MOLLIE LEVIN</b>		2. DATE OF DEATH <b>March 7, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1100 ETTING ST</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>17-02</b>	
c. Length of stay in Baltimore <b>60 Yrs</b>		D. STREET ADDRESS (If rural, give location) <b>1100 Etting St</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>1872</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Abraham Hoffman</b>		14. MOTHER'S MAIDEN NAME <b>Gitel ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Miss Jennie Levin</b>		ADDRESS <b>1100 Etting St</b>	

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Massive Cerebral vascular Accident</b> DUE TO <b>(B) Cerebral Arteriosclerosis</b> DUE TO <b>(C) Generalized Arteriosclerosis</b> <b>Sensitization</b>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 1951</b> , to <b>Mar 7, 1952</b> , that I last saw the deceased alive on <b>Mar 7, 1952</b> , and that death occurred at <b>10:20 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Wendell Appapand</b>		23B. ADDRESS <b>2511 Rutherford Rd</b>		23C. DATE SIGNED <b>3/8/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>March 9, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Sodova Cong Cemetery</b>	
		24D. LOCATION (City, town, or county) <b>Herring Run Balto Md</b>		(State)	

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 9 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams M.D.</b>		25. FUNERAL DIRECTOR <b>Sam L. Levinson &amp; Bros W. Nathan</b>	
VS 150				ADDRESS <b>1126</b>	

83a





52 2322

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2322

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Catherine R. McCullough

2. DATE  
OF  
DEATH

Mar 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1717 Thomas Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

8

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 6 1886

9. AGE (In years,  
last birthday)

65

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Machine Operator

10B. KIND OF BUSINESS OR  
INDUSTRY

Kramer Co (Blouses)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Richard S. McCullough

14. MOTHER'S MAIDEN NAME

Elizabeth Nuthall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
215-05-7277

17. INFORMANT

ADDRESS

Margaret E. Polk 2150 Hollins St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(A) Coronary infarction - 15 minutes

DUE TO Arteriosclerotic type heart disease with coding by periphery + long time failure

(B) Generalized arteriosclerosis with hypertension

DUE TO

(C)

March 8, 1952

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1938, to March 8, 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mar 10 1952

Zion

Dorsey Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 1952

Huntington, William M.

4204 Ridgewood Ave

VS 150

69046

94a

MEDICAL CERTIFICATION

1015 Paper Stone

500		52 2323		BALTIMORE CITY HEALTH DEPARTMENT		52 2323	
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <b>REBA D COHN</b>				2. DATE OF DEATH <b>3-6-52</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3706 Norton Rd</b>				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md</b> B. COUNTY <b>28-41</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>The Mount</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore WILMAN AVE. NEW</b>			
c. Length of stay in Baltimore <b>42</b> Yrs. <b>42</b> Mos. <b></b> Days <b></b>				D. STREET ADDRESS (If rural, give location) <b>5604 Wilman</b> <b>W. 100 EAS. AVE</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>66</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lith</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Samuel</b>				14. MOTHER'S MAIDEN NAME <b>Sarah</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Arnon Fagau - Sam</b>			
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Ac. Coronary Occlusion</b> DUE TO <b>Cerebral Cerebral Accident Jan 1950</b> <b>Right hemiplegia</b> <b>Cerebral Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 30, 1952</b> to <b>Mar. 6, 1952</b> , that I last saw the deceased alive on <b>3/6/52</b> , and that death occurred at <b>11:30</b> a. m., from the causes and on the date stated above.							
23A. SIGNATURE <b>Arneland Oprekovic</b>		23B. ADDRESS <b>2511 Parkview Rd</b>		23C. DATE SIGNED <b>3/7/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3-9-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lith &amp; Lith</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 9 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>W. Jack Lewis Inc 300 Canton Rd</b>			
VS 150				94a			

2511  
Abelfeld  
West Rd

52 2324

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2324

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH RUBIN

2. DATE  
OF  
DEATH

3-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

115 East Lafayette Ave. Baltimore 12-05

C. Length of stay in Baltimore

50 Yrs. Mos. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

male

white

widowed

115 E. Lafayette Ave

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

shoe maker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Martin - Same

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) CHRONIC MYOCARDITIS  
DUE TOSeveral years  
3-5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis  
DUE TO

8 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Deaf - Mute

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1952, to 3/8, 1952, that I last saw the deceased alive on 3/8, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1952

VS 150

Removal

3-9-52

Hampton

Va

Huntington Williams, M. Jack Lewis, Jr.

2100 Eutaw Pl

5828E 3 2 2

93D

correct age is especially important. Infants - please write the cause of death clearly and briefly.

Lachman  
2322 Colson  
ha 2887

---

COPIED  
SECOND  
VALLEY



52 2325

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2325  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years)

last birthday

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, note unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 1952 to MAR 7, 1952 that I last saw the  
deceased alive on 3/7, 1952, and that death occurred at 9:49 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1952

VS 150

MEDICAL CERTIFICATION



UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WATER  
RIGHTS  
DIVISION  
OFFICE OF THE  
SPECIAL AGENT IN CHARGE



WATER RIGHTS  
DIVISION  
OFFICE OF THE  
SPECIAL AGENT IN CHARGE

52 2326

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2326

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Margaret Zanti

2. DATE

OF DEATH March 7 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3317 Elbert St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-07

D. STREET ADDRESS (If rural, give location)

3317 Elbert St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 17 1893

9. AGE (In years last birthday)

59

10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Sam Serio

14. MOTHER'S MAIDEN NAME

Maria D'Antoni

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Angelo Zanti 3317 Elbert St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Oct 1945

Oct 1945  
1945

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9/57, to 3/7, 1952, that I last saw the deceased alive on 3/6, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23. SIGNATURE

Elmer W. Johnson

23B. ADDRESS

3632 Indus Rd. Ave

23C. DATE SIGNED

3/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 10 1952 New Cathedral Cn.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Old Frederick Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 9-1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Shank Della Loei

ADDRESS

322 S. High St.

VS 150

45F

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

State of New York, County of Westchester, City of New York.

I, the undersigned, a duly qualified and licensed physician, do hereby certify that

on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, New York, I attended \_\_\_\_\_

who died at \_\_\_\_\_, New York, at \_\_\_\_\_ o'clock \_\_\_\_\_ of the day.

The cause of death was \_\_\_\_\_

as evidenced by the following signs and symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



March 7 1975

March 7 1975

March 7 1975

March 7 1975

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March 7 1975

March 7 1975

March 7 1975

March 7 1975

March 7 1975

March 7 1975

March 7 1975

March 7 1975

March 7 1975

March 7 1975

March 7 1975

52 2328

BREIGHNER  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2328

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Anna Breighner</i>			2. DATE OF DEATH <i>Mar 7 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>+</i>	8. DATE OF BIRTH <i>25 Sept. 1873</i>		9. AGE (In years last birthday) <i>78</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? _____
10B. KIND OF BUSINESS OR INDUSTRY			13. FATHER'S NAME <i>Alexander Breighner</i>		
14. MOTHER'S MAIDEN NAME <i>Ellen Little</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Little Sisters of the Poor</i>		

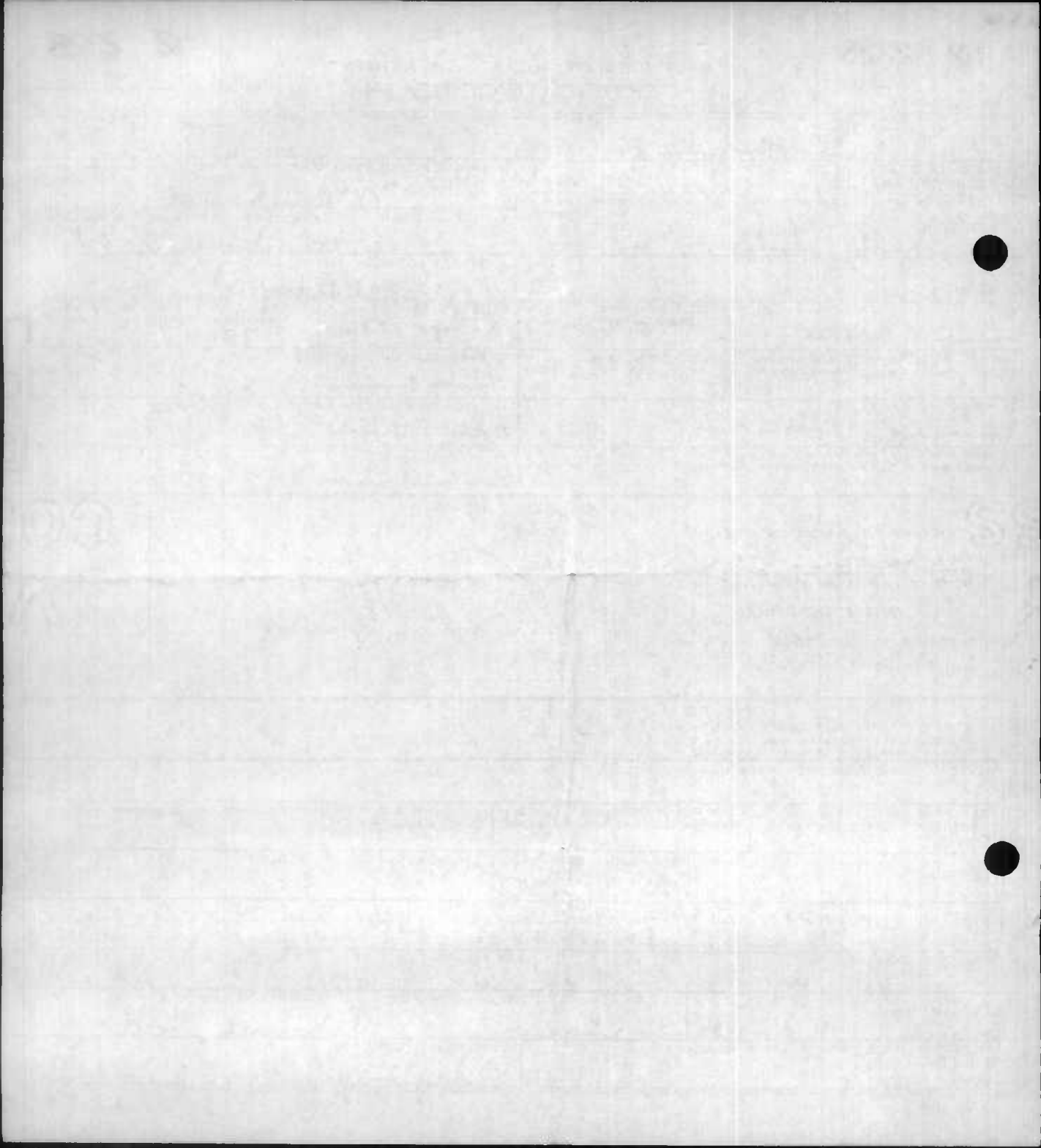
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i> <i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mch 1-*, 1952 to *Mch-7-*, 1952, that I last saw the deceased alive on *Mch 6-*, 1952, and that death occurred at *3:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *E. Gell Hall M.D.* M. D. *1631 E. North Ave* 23B. ADDRESS *Mch 7-1952* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 10, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Charles</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 9-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington</i>	25. FUNERAL DIRECTOR <i>Relay Woodfield</i>	ADDRESS <i>900 E. Biddle St</i>





116  
52 2329HELFRIK  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2329

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph Helfrick</i>			2. DATE OF DEATH <i>7 March 1952</i>		
3. PLACE OF DEATH A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 10-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>14 Sept-1872</i>	9. AGE (in years last birthday) <i>79</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Cumberland</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		

13. FATHER'S NAME <i>John Helfrick</i>		14. MOTHER'S MAIDEN NAME <i>Oliver Powells</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>218-09-5181</i>	17. INFORMANT <i>Little Sisters of the Poor</i>	ADDRESS
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18. <i>4/20-1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Acute Coronary Thrombosis</i> (A) DUE TO <i>Chronic Myocarditis</i> (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>1 yr</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

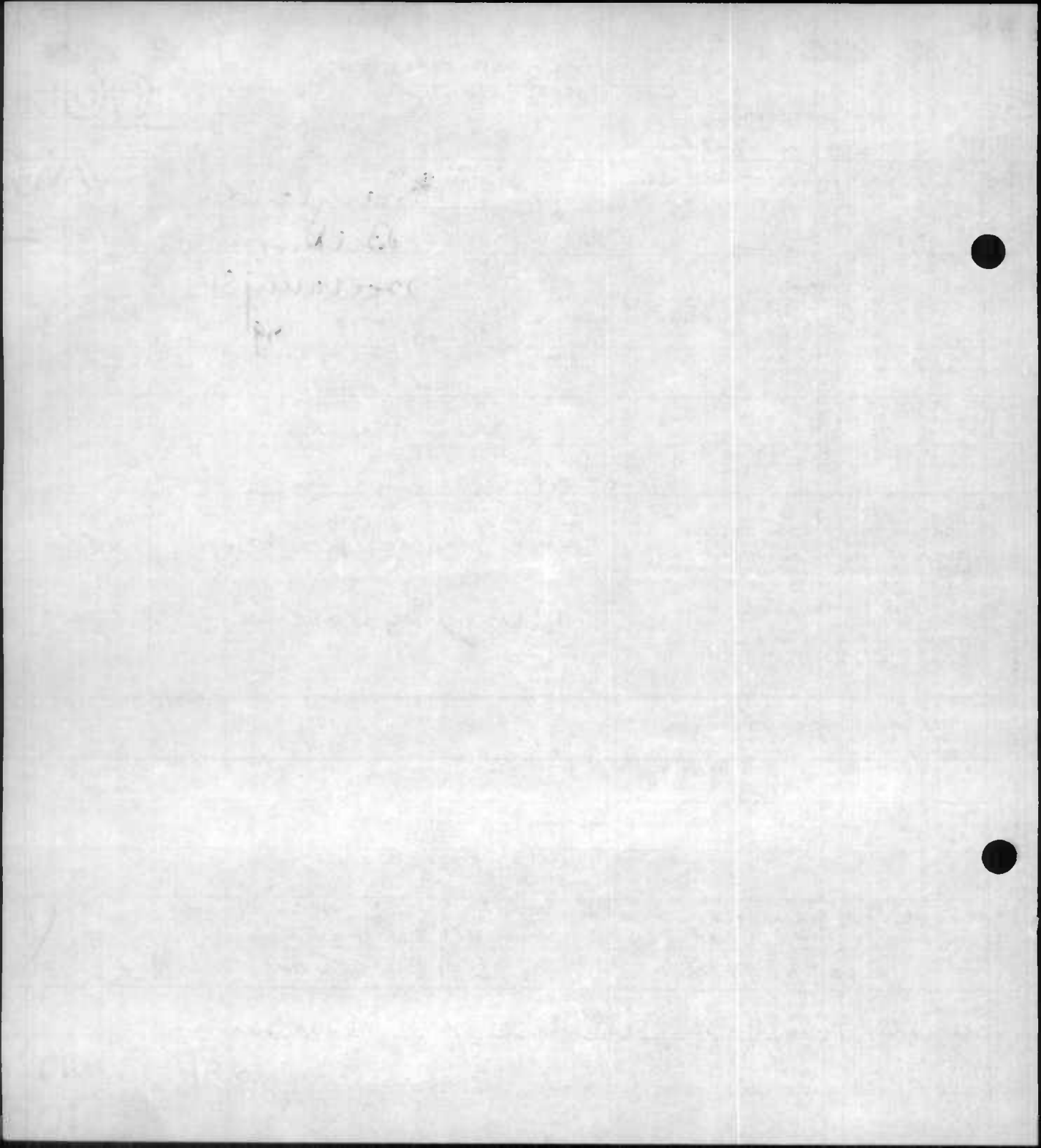
19A. DATE OF OPERATION <i>D</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *Mch-1-*, 1952, to *Mch-7*, 1952, that I last saw the deceased alive on *Mch 7-*, 1952, and that death occurred at *7 Pm* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E Gill Hall</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>Mch 8-1952</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 11, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 9-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. W. Redfield</i>	ADDRESS <i>900 E. Biddle St</i>
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50

52 2330

PERINA

BALTIMORE CITY HEALTH DEPARTMENT

52 2330

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Perina</i>			2. DATE OF DEATH <i>March 7 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>June 20 1879</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Robert Burns</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Matthews</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Little Sisters of the Poor</i>		

18. <i>422.1 and E 902.7</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Myocarditis</i> DUE TO <i>Arterio Sclerosis</i> DUE TO <i>Sub-clavicular Dislocation Rt Shoulder</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr - 5 yrs</i>
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>Feb 20-1952-4AM</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>1200 Valley St</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>1200 Valley</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Feb 20-1952-4AM</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Fell out of bed</i>

22. I hereby certify that I attended the deceased from *Feb 20 1952* to *March 7 1952*, that I last saw the deceased alive on *March 7 1952*, and that death occurred at *5:00* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. Gill Hall MD</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>March 8-1952</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 11, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 9-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington W. Bland, Jr.</i>	25. FUNERAL DIRECTOR <i>W. B. Rida</i>	ADDRESS <i>W. B. Rida 900 E. Biddle St</i>
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VS 150

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93D

MEDICAL CERTIFICATION

12 pulled over  
21

Collector  
12 pulled over  
21

52 2331

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2331

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emma B. Weller

2. DATE  
OF  
DEATH

March 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1815 Poplar Grove St.,

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

1815 Poplar Grove St.,

C. Length of stay in Baltimore

72

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.

Female

White

Single

June 15, 1879

72

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House-work

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Philip Weller

14. MOTHER'S MAIDEN NAME

Minnie Schwartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Edward F. Weller 1815 Poplar Grove

18. 4 yrs. 1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cardiovascular Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)

Arterio-sclerosis

INTERVAL BETWEEN  
ONSET AND DEATHabout  
2 yrs -

P

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 1950, to March 7, 1952, that I last saw the  
deceased alive on March 3, 1952, and that death occurred at 3 A. m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-10-1952

Druid Ridge

Pikesville,

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 - 1952

Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.,

Dr. Hubert

2020 Garrison Blvd.



5520

52 2332

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2332

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>MARGARET YOUNG</u>			2. DATE OF DEATH <u>3/6/52</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>md</u> b. COUNTY <u>Baltimore</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Agnes Hosp</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Y Tenn Artney</u>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <u>5300</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>2/23/1878</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Unk.</u>			14. MOTHER'S MAIDEN NAME <u>Unk.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

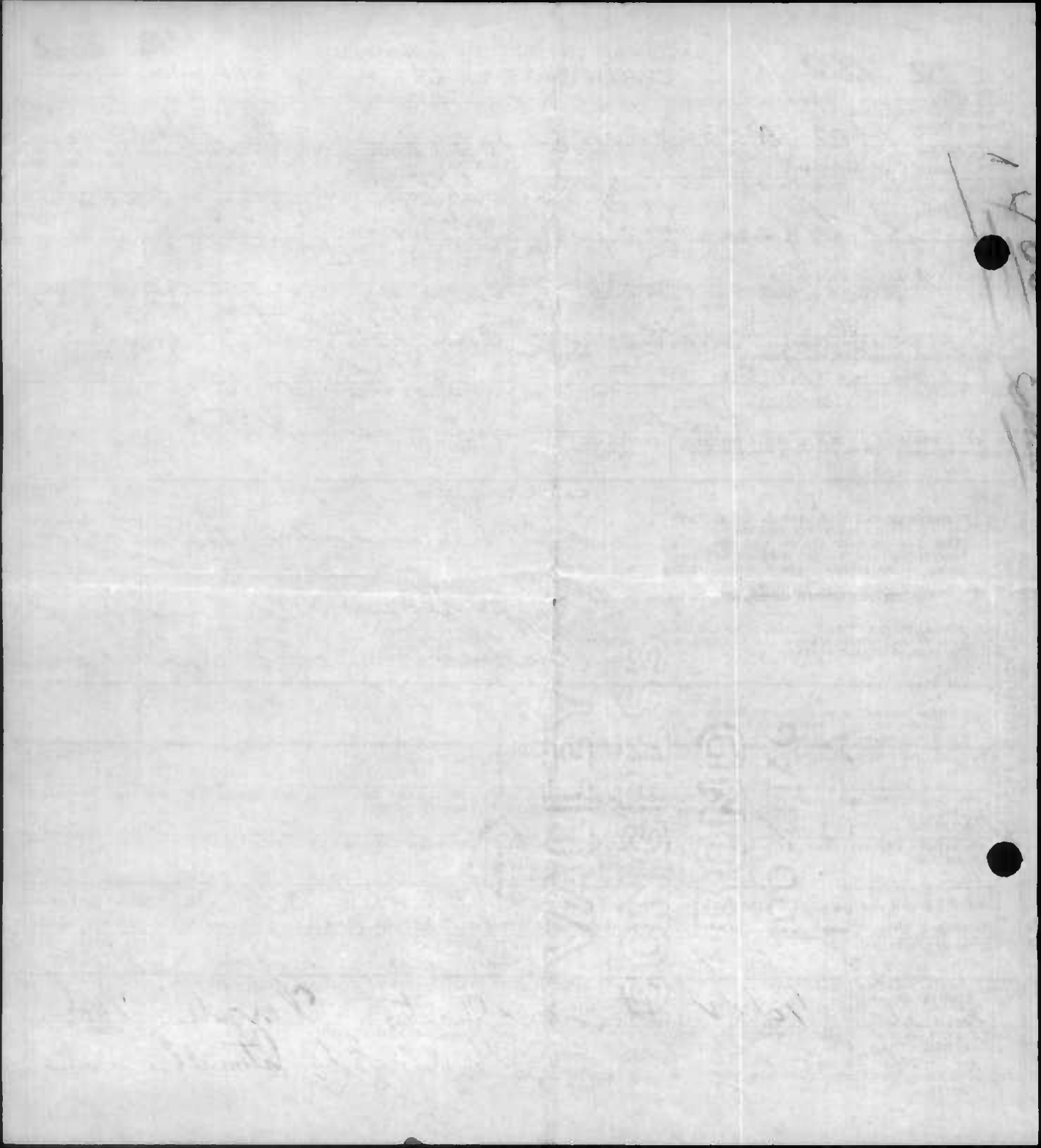
18. <u>443x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <u>Left Ventricular Distention</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Hypertensive Interoschisis</u> DUE TO (C) <u>Cardiovascular Disease</u>	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/29</u> , 19 <u>52</u> , to <u>3/6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/6</u> , 19 <u>52</u> , and that death occurred at <u>10:45</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>John C. A. Ealey</u> M. D.		23b. ADDRESS <u>St Agnes Hosp</u>		23c. DATE SIGNED <u>3/6/52</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/10/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elkridge Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 9 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR ADDRESS <u>George J. Farley, Catonsville, Md</u>





160  
52 2333BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2333

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Hattie Sue Taylor

2. DATE  
OF  
DEATH

Mar. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Prov't. Hosp.

C. Length of stay in Baltimore

11 yrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) .....  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....  
DUE TO  
(C) .....Cerebral Hemorrhage  
malignant hypertension

INTERVAL BETWEEN ONSET AND DEATH

6 hrs.  
6 mins.

6 hrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1951, to Nov 6, 1952, that I last saw the deceased alive on Mar 6, 1952, and that death occurred at 11:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

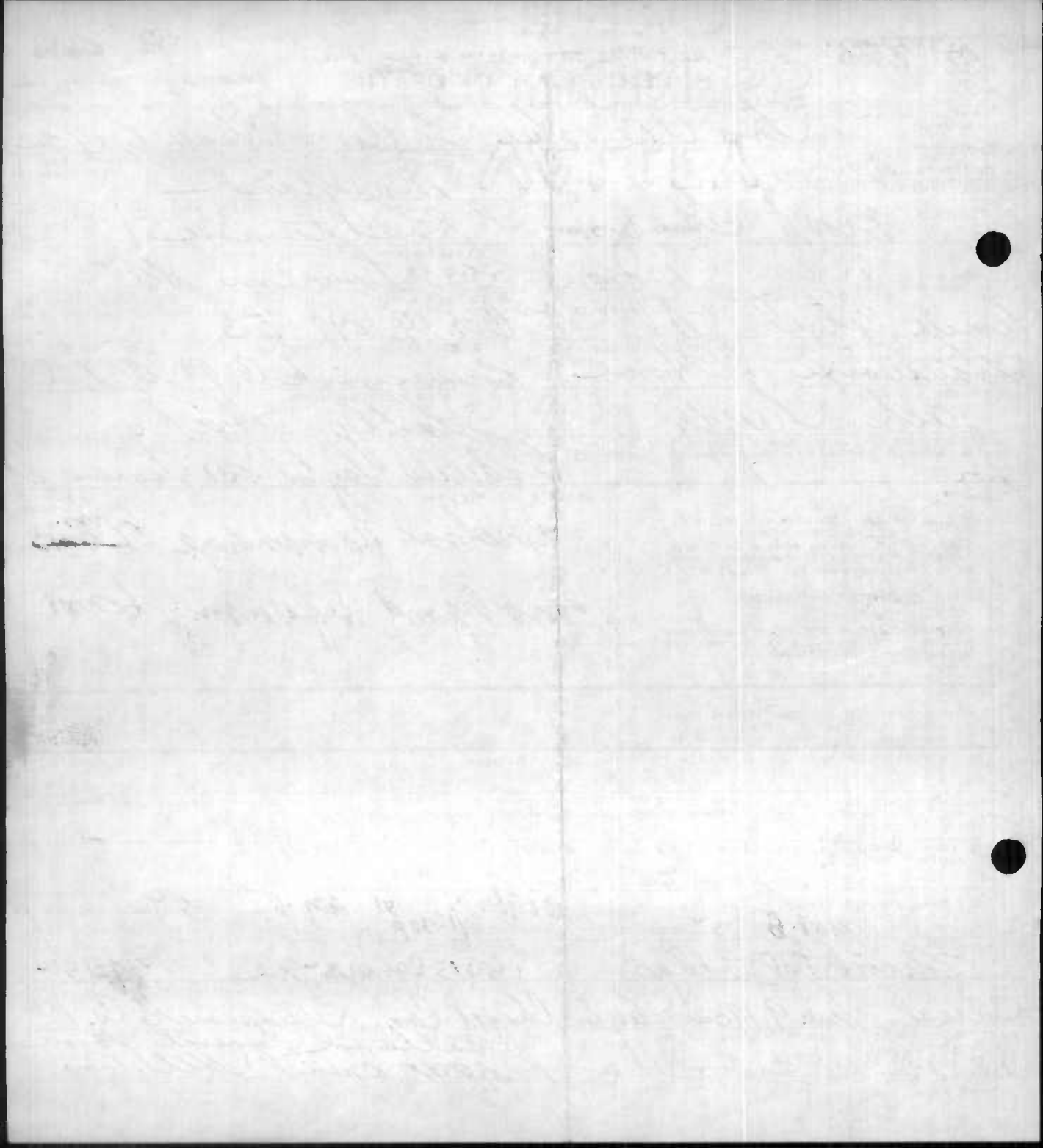
25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams, M.D.

2553 Laurel Hill Ave.



100

52 2334

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2334  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Janet Mitchell Love

2. DATE  
OF  
DEATH

3/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

USPHS Hosp.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days5. SEX  
F6. COLOR OR RACE  
W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
S8. DATE OF BIRTH  
12/7/099. AGE (in years  
last birthday)  
4210. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Social work

10B. KIND OF BUSINESS OR  
INDUSTRY

S

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

US

13. FATHER'S NAME

Harry A. Love

14. MOTHER'S MAIDEN NAME

Dorothy Horner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Hospital chart18. 163 X 1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Hemopericardium

DUE TO

(B)

Adenocarcinoma, L. Lung. Unknown

DUE TO

(C)

metastases

INTERVAL BETWEEN  
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/1952 to 3/8/1952 that I last saw the  
deceased alive on 3/8/1952 and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Robin Bantz

M. D.

23B. ADDRESS

USPHS Hospital

23C. DATE SIGNED

3/8/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

3 - 10 - 52

24C. NAME OF CEMETERY OR CREMATORY

Sherwood

24D. LOCATION (City, town, or county)

Cockeysville, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Place

MAR 10 1952

VS 150

0798W

477

Correct age is necessary for accurate registration

James Mitchell

020110

Henry A. Love  
2nd Lt  
2nd Lt

10

12/1/01

Henry A. Love  
2nd Lt  
2nd Lt

Henry A. Love

Henry A. Love

2/1/02

2/1/02

2/1/02

400

52 2335

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2335  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Charles S. Dell</b>		2. DATE OF DEATH <b>March 7, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>none</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>203 Goodwood Gardens</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-14</b>			
C. Length of stay in Baltimore <b>life</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>203 Goodwood Gardens</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>August 20, 1866</b>	9. AGE (In years last birthday) <b>85</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Executive -- President</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>John J. Greer (Steel products)</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13. FATHER'S NAME <b>Thomas Medairy Dell</b>			
14. MOTHER'S MAIDEN NAME <b>Amelia Mills</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Harold K. Dell 203 Goodwood Gardens</b>			
18. <b>153X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Intestinal Carcinoma of Large</b> CAUSE OF DEATH <b>carcinoma of the Cecum</b> DUE TO <b>Benign Prostatic Hypertrophy</b> INTERVAL BETWEEN ONSET AND DEATH <b>7 months 2 1/4 years</b> <b>4 years</b>					
19A. DATE OF OPERATION <b>March 1950</b>					
19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Cecum</b>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>May 1, 1947</b> to <b>March 7, 1952</b> that I last saw the deceased alive on <b>March 6, 1952</b> and that death occurred at <b>12 A. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>W. Oratten Hersberger</b>		23B. ADDRESS <b>214 Medical City Bldg.</b>		23C. DATE SIGNED <b>3/8/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>3 - 10 - 52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>John O. Mitchell &amp; Sons Inc. - 1900 Eutaw Place</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 10 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			
VS 150		<b>MB Mitchell</b>			

MEDICAL CERTIFICATION

46E

Dr. E. H. Hirsch



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2336

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rodney Hernandez

2. DATE  
OF  
DEATH

March 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HH Disp.

4. USUAL RESIDENCE (Where deceased lived, if institution (residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

135 Kate ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

10-26-1951

9. AGE (In years

last birthday)

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

4 1/2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Theophil Hernandez

14. MOTHER'S MAIDEN NAME

Carrie Tompkins?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 527.7 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Tracheal obstruction

?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congenital Heart Disease

life

19A. DATE OF OPERATION

3-7-52

19B. MAJOR FINDINGS OF OPERATION

Tracheotomy

20. AUTOPSY?

YES ☒ ND ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-1952 to 3-7-1952 that I last saw the deceased alive on 3-7-1952 and that death occurred at 2:15 pm, from the causes and on the date stated above.

23A. SIGNATURE

Edw. W. Hopkins

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-10-52

24C. NAME OF CEMETERY OR CREMATORY

St. Catharine

24D. LOCATION (City, town, or county)

O. G. County, MD

DATE RECEIVED BY LOCAL REGISTRAR

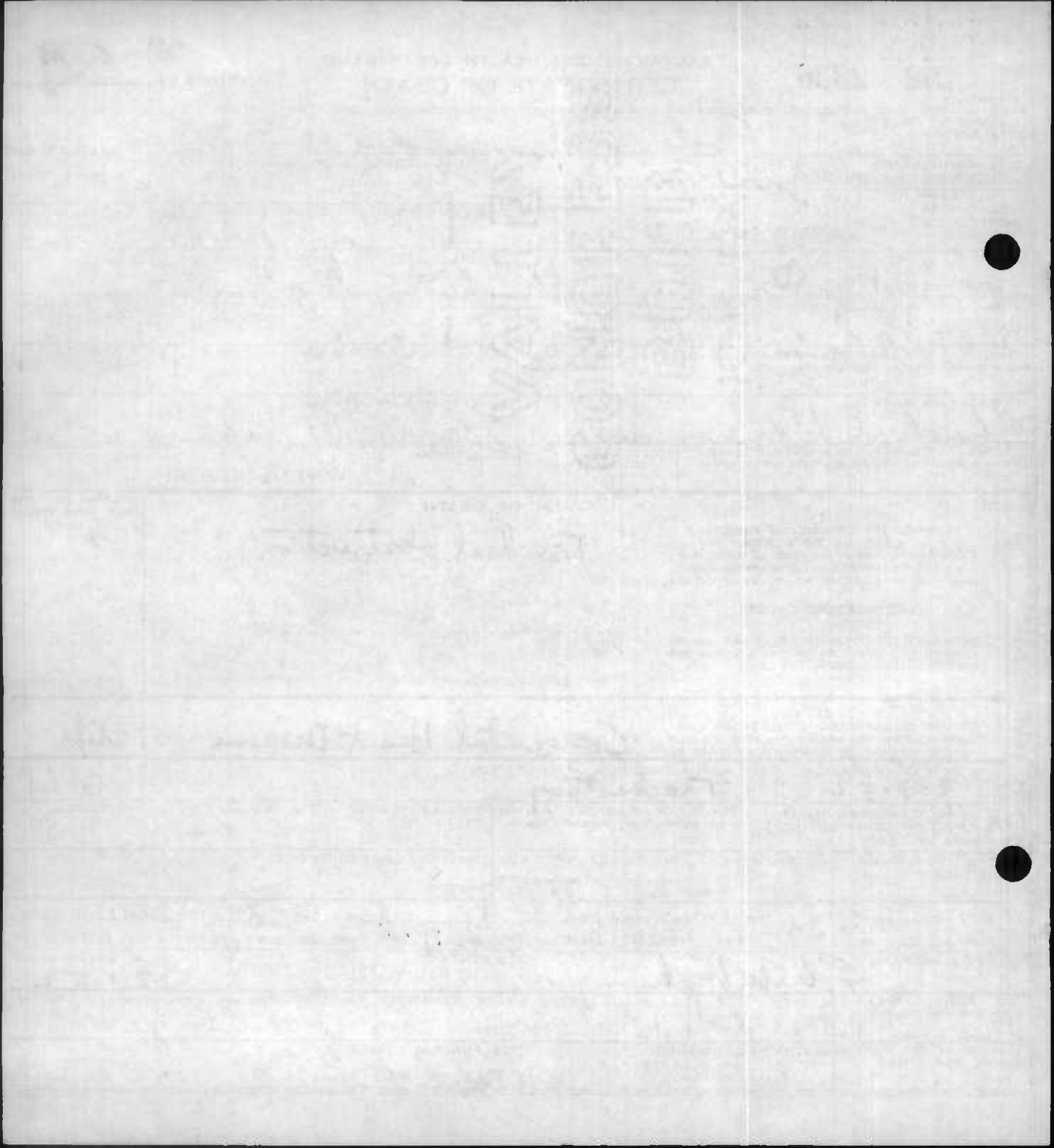
MAR 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph E. Loebe, Jr. 1304 N. Central Ave



1. NAME OF DECEASED (Type or Print) <b>EARL VINCENT</b>			2. DATE OF DEATH <b>March 8, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital of Md.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 23-01</b>		
D. STREET ADDRESS (If rural, give location) <b>21 W. Ostend St..</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov. 18, 1951</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>			9. AGE (In years last birthday) <b>4</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>infant</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		
13. FATHER'S NAME <b>Ralph G. Vincent</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT <b>Mrs. E. Vincent</b>			ADDRESS <b>21 W. Ostend St.</b>		

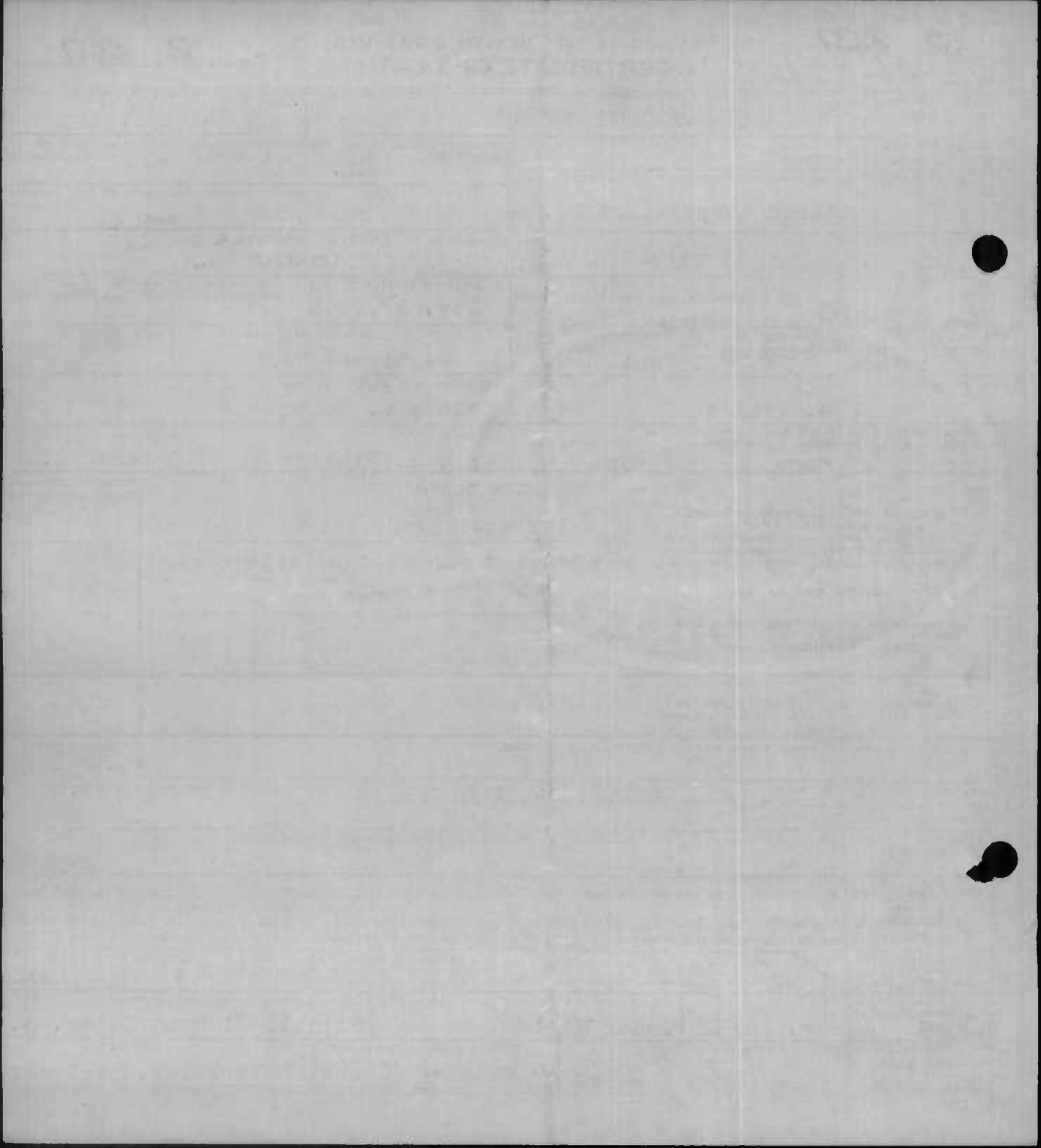
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Waterhouse Frederichsen Syndrome</b> DUE TO <b>Acute meningococcus septicemia</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... (C) .....		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>Stanley A. Dureacher</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>March 8, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Mar. 10/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	
24D. LOCATION (City, town, or county) (State) <b>Ritchie Highway Balto. Md.</b>					

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 10 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <b>FRANK R. KRAUSE</b>	
				ADDRESS <b>3636 HOME 1216 S. Charles St.</b>	



BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louis Mallow

2. DATE  
OF  
DEATH

3-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Univ. Hosp

c. Length of stay in Baltimore

55 Yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Baker Taute Bakery

10B. KIND OF BUSINESS OR  
INDUSTRY

BAKER

13. FATHER'S NAME

Lazarus Mallow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

1877

9. AGE (in years  
last birthday)

75

11 Under 1 Year  
Months: Days12 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Naomi ?

17. INFORMANT

ADDRESS

Mrs Bessie Kushner 2519 Quantico Ave

18. H20.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 3-9-1952 to 3-9-1952 that I last saw the  
deceased alive on 3-8-1952 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

3-9-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March ;0, 1952

24C. NAME OF CEMETERY OR CREMATORY

Her Zion Cong. Cemetery

24D. LOCATION (City, town, or county)

Rosedale

Balto

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR  
MAR 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Leverson, Bms North Ave

ADDRESS

1126 W

VS 150

1 9 0 5 2 0 0 0 2 3 3 6

94a

MEDICAL CERTIFICATION

825 5

825 5

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630  
52 2339BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2339

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ONIA K. BIRUTA (ALSO KNOWN AS ANNIE BERET)

2. DATE  
OF  
DEATH

MAY 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2602 Grogan Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2602 GROGAN AVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

AUG-15-1875

9. AGE (in years last birthday)

77

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

THOMAS KAWALASKAS.

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

ANNA ANTOSZEWSKI: 2602 GROGAN AVE

## CAUSE OF DEATH

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

9 days

General arterio-sclerosis - ?

chronic-arthmatic-bronchitis

about 10 yrs

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb-27-1952, to May-6-1952, that I last saw the deceased alive on May-5-1952, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Herman Seidel

23B. ADDRESS

2404 E. Utaw Rd.

23C. DATE SIGNED

3/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/10/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town or county)

Belair Rd.

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

703 W. 11th St.



1938

STANDARD GRADE

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

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520  
52 2340BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2340

MD-147567

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Elizabeth Amos (Amos)</b>			2. DATE OF DEATH <b>March 7, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>8-04</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1524 N. Maderia St. (13)</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 16, 1874</b>	9. AGE (In years last birthday) <b>78</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Wm. Dunn</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Fry</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>	

18. <b>470.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial infarction</b> DUE TO (A) <b>General arteriosclerosis</b> DUE TO (B) <b>Diabetes Mellitus</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b> <b>?</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-11**, 19**51**, to **3-7**, 19**52**, that I last saw the deceased alive on **3-7**, 19**52**, and that death occurred **11:55a m.**, from the causes and on the date stated above.

23A. SIGNATURE **J. B. O'Brien** M. D. **4940 Eastern Avenue**  
23B. ADDRESS  
23C. DATE SIGNED **3-7-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**  
24B. DATE **Mar 11/52**  
24C. NAME OF CEMETERY OR CREMATORY **Baldwin**  
24D. LOCATION (City, town, or county) (State) **Baltimore**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 10 1952**  
REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**  
25. FUNERAL DIRECTOR **Philip H. Hargis, Inc.** ADDRESS **2024 Calhoun St.**

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UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

1-10-1917

DATE OF BIRTH

DATE OF DEATH

(1) NAME

SEX

AGE

CAUSE

PLACE

DATE

NAME

AGE

DATE

NAME

AGE

DATE

NAME

AGE

NAME

AGE

DATE

NAME

AGE

DATE

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DATE

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DATE

NAME

AGE

DATE

NAME

AGE

DATE

2-262  
2-6052 2341

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2341

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN

MAGERS

(C Major)

2. DATE  
OF  
DEATH

March 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

11-04

D. STREET ADDRESS (If rural, give location)

1223 McCulloch St

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

N. Car

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

7

14. MOTHER'S MAIDEN NAME

7

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Major 1223 McCulloch St

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Internal hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Bullet wound of abdomen

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Found: in front of 2261 N. Fulton Ave.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY  
Found: March 8, 1952 2:30 a.m.

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Shot in abdomen

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsacker M.D.

23B. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED  
March 8, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Hillman, M.D.

2300 E. Pratt St

VS 151

N-868.4

97024

166

MEDICAL CERTIFICATION



260

JL-123649

52 2342

52 2342

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank Becker

2. DATE  
OF  
DEATH

3-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2646 Edmondson Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

Male

White

Widowed

June 21, 1866

85

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Baker (Baker)

Retired

13. FATHER'S NAME

August (D)

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Caroline (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

18 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10-11-48, 19, to March 9, 1952, that I last saw the  
deceased alive on Mar. 9, 1952, and that death occurred at 5am m., from the causes and on the date stated above.

23A. SIGNATURE

O. B. Rogers

M. O.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-9-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-11-52

London Park

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams, M.D.

2503 Edmondson Ave.

VS 150

94a

MEDICAL CERTIFICATION

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1-1-1900

Attest: \_\_\_\_\_

1-1-1900

1-1-1900

1-1-1900

1-1-1900

1-1-1900

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1-1-1900

1-1-1900

1-1-1900



552  
52 2343BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>REGS REGINALD CUMMINGS</b>		2. DATE OF DEATH <b>Mar. 7, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service INSTITUTION <b>Hospital</b> <b>Urban Pk. Drive &amp; 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>?</b> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>2001 Wetheredsville Road 5310</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Col</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/22/85</b>
9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seaman</b>	11. BIRTHPLACE (State or foreign country) <b>British West Indies</b>
12. KIND OF BUSINESS OR INDUSTRY <b>Seafarer</b>		13. CITIZEN OF WHAT COUNTRY? <b>?</b>	
14. FATHER'S NAME <b>William Cummings</b>		15. MOTHER'S MAIDEN NAME <b>Frances ?</b>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		17. SOCIAL SECURITY NO. <b>?</b>	
18. ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>		19. ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>	

18. <b>420.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic heart disease</b> (A) _____ DUE TO (B) _____ DUE TO (C) <b>Infectious hepatitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> <b>3 wks.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION <b>?</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Feb. 20**, 19**1952** **Mar. 7**, 19**52** that I last saw the deceased alive on **Mar. 7**, 19**52** and that death occurred at **1 P** m., from the causes and on the date stated above.

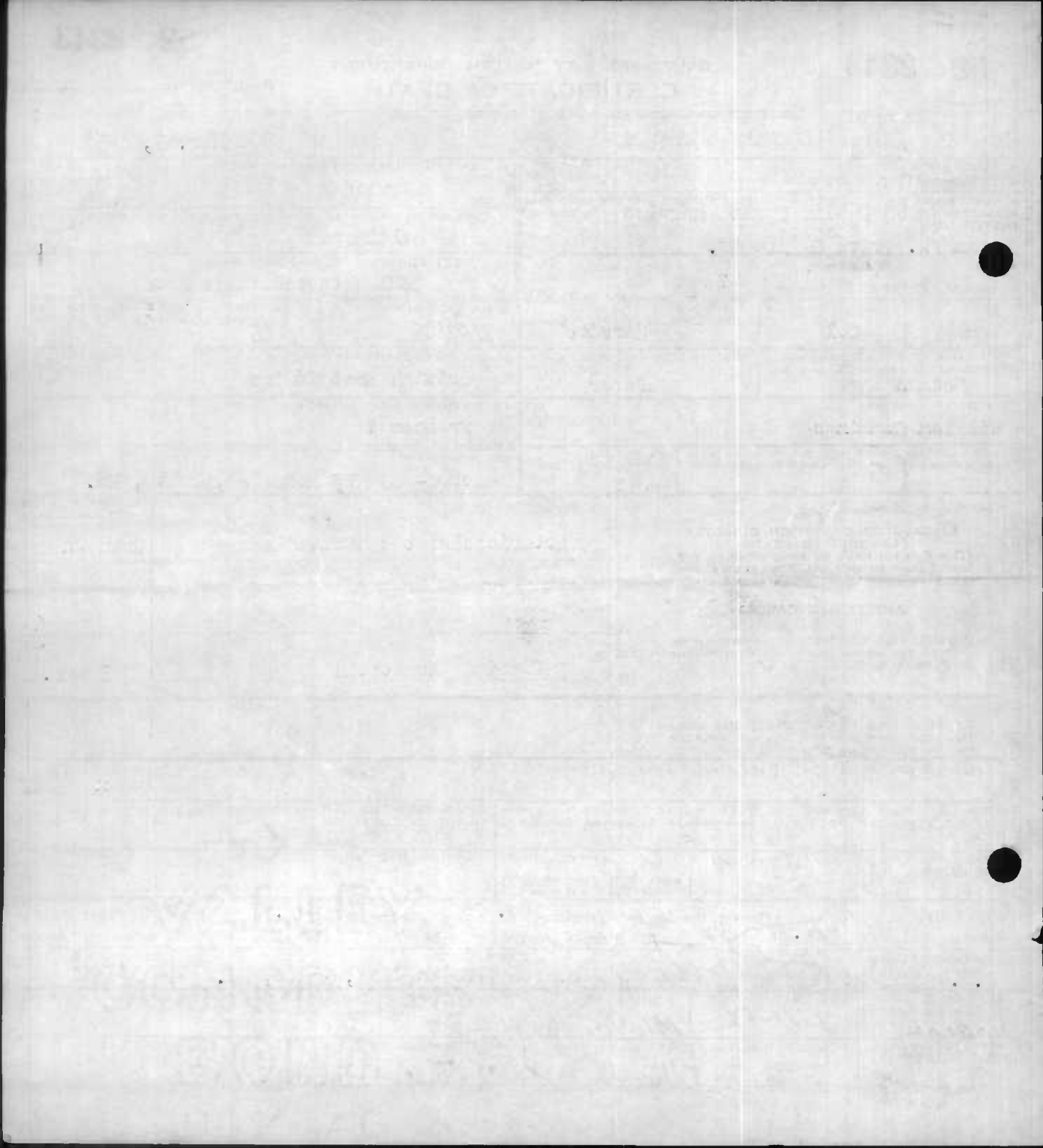
23A. SIGNATURE <b>D.W. Patrick, Medical Officer in Charge</b>	23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	23C. DATE SIGNED <b>3/7/52</b>
--	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3-11-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>MT. AUBURN CEM</b>	24D. LOCATION (City, town, or county) (State) <b>BALTIMORE Md</b>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <b>APR 10 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Hillhouse, MD</b>	25. FUNERAL DIRECTOR <b>W.C. &amp; J.A. JACKSON</b>	ADDRESS <b>916 PENNA. AVE.</b>
--	--	--	-----------------------------------

67355

32a



52 2344

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2344

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

WILLIAM KAVANAUGH MORGAN

2. DATE  
OF  
DEATH

March 7, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

U S Public Health Service Hospital,

c. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give  
township)

d. STREET ADDRESS (If rural, give location)

2846 Harlem Avenue, Baltimore, Md.

c. Length of stay in Baltimore

unknown

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 2, 1914

9. AGE (In years  
last birthday)

38

If Under 1 Year Months Days  
If Under 24 Hours Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR  
INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Michael Morgan

14. MOTHER'S MAIDEN NAME

Irene Gollery

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes WW II

16. SOCIAL  
SECURITY NO.

212-05-3766

17. INFORMANT

Balto., Md. ADDRESS

Records, US Public Health Service Hosp.

18. 163X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma, right lung

DUE TO

Unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1951, to March 7, 1952, that I last saw the  
deceased alive on March 7, 1952, and that death occurred at 10:35 p. m., from the causes and on the date stated above.

22a. SIGNATURE

22b. ADDRESS

22c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

3/11/52

24c. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams, 2158

Wm. J. Tichner &amp; Sons

470

VS 150

49099

Balto 17, Md.

1953

3

1953

3

VALLEY

INCORPORATED

EXCISE

DEPARTMENT

OF REVENUE

WASHINGTON, D.C.

1953

3

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2345  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**LILLIE MAY CARTER**

2. DATE OF DEATH  
**Mar. 7, 1952**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**1105 N. Fulton Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1105 N. Fulton Ave.**

c. Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**female white single**

8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.  
**May 24, 1869 82**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Dressmaker**

10B. KIND OF BUSINESS OR INDUSTRY

**own dressmaking**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**James Carter**

14. MOTHER'S MAIDEN NAME

**Mary A. Greer**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Mrs. Viola T. Smith - 1601 Linden Ave.**

18. **4227 I**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

**Chronic Myocarditis.**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Dec 10, 1951** to **March 7, 1952**, that I last saw the deceased alive on **Mar 4, 1952**, and that death occurred at **4 P m.**, from the causes and on the date stated above.

23A. SIGNATURE  
**George E. Shannon**

M. D.

23B. ADDRESS  
**820 Medical Art Bldg.**

23C. DATE SIGNED  
**3/9/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE

**3/11/52**

24C. NAME OF CEMETERY OR CREMATORY

**Mt. Olivet Cem.**

24D. LOCATION (City, town, or county) (State)

**Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Shannon & Sons**

ADDRESS

**Balto Md 937**

**MAR 10 1952**

VS-150

MEDICAL CERTIFICATION

STATEMENT OF A HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

STATE OF TEXAS  
COUNTY OF DALLAS



6482 2346

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2346  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Carroll

2. DATE  
OF  
DEATH

3/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)

636 Portland Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore, City

c. Length of stay in Baltimore

4 Yrs

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

636 Portland Street

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5/15/1876

9. AGE (in years,  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR  
INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

A.A.Co., Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Carroll

14. MOTHER'S MAIDEN NAME

Hanna Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

No

(If yes, give year or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Louise Holland-636 PORTLAND, ST.

18. 151X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Gastric Carcinoma

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) .....

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 1932 to March 1952 that I last saw the  
deceased alive on March 1952, and that death occurred at 7 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1215 Madison Ave

8 March 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams, M.D.

J. L. Brown

Montgomery St



18 300

18 300

CERTIFICATE OF DEATH

18 300

18 300

18 300

18 300

18 300

18 300

18 300

18 300

360 52 2347

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2347  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDWARD NETRE

2. DATE  
OF  
DEATH

MAR. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Edgewood San

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Edgewood Sanitarium

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

m

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Broker

10B. KIND OF BUSINESS OR INDUSTRY

Grain

13. FATHER'S NAME

Ferdinand Netre

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write LURM. and give township)

Balto

D. STREET ADDRESS (If rural, give location)

Greenway apts

8. DATE OF BIRTH

Nov 29 1864

9. AGE (in years last birthday)

87

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

md

14. MOTHER'S MAIDEN NAME

Sarah Curry

17. INFORMANT

R B Brisco 721 Paul St

ADDRESS

18. 177X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

Coronary Thrombosis

Sarcoidosis Prostate

Arterio Sclerosis

Myocarditis

Hypertension

INTERVAL BETWEEN ONSET AND DEATH

10 minutes

Gradual

✓

✓

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1940 to Mar 6, 1952 that I last saw the deceased alive on April 19 52 and that death occurred at 12 AM from the causes and on the date stated above.

23A. SIGNATURE

W. H. Jenkins

23B. ADDRESS

1403 Park Ave

23C. DATE SIGNED

3-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Mar. 10-1952

24C. NAME OF CEMETERY OR CREMATORY

Presbyterian

24D. LOCATION (City, town, or county)

Hardford Co md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. W. JENKINS &amp; SONS Co. 4905 YORK RD.

ADDRESS

MAR 10 1952

VS 150

51B

correct age is especially important. Physicians, please print.

1403 PARK AVE

400  
52 2348BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2348  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GALL, ANTHONY

2. DATE  
OF  
DEATH

3/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

~~Exempted~~ BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

SOUTH BALTIMORE GENERAL HOSPITAL

C. Length of stay in Baltimore

55

Yrs.  
Mos-  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1/24/1889

9. AGE (In years  
last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

RETIRED GROCER

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

EUROPE

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

?

P.

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mary V. Hall

ADDRESS

Same

18. 151X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Ca of liver

(A) Ca of gall bladder

(B) Ca of pancreas

(C) Ca of stomach

(D) Ca of esophagus

INTERVAL BETWEEN  
ONSET AND DEATHRoughly  
4 weeks the  
time

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23/1952, to 3/8/1952 that I last saw the  
deceased alive on 2/8/1952, and that death occurred at 4:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

South Baltimore, Md.

23C. DATE SIGNED

3/8/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3-13-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto - Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. Kelly &amp; Zechin - 4038 W. 4th St.

MAR 10 1952

VS 150

2900 A D O

4612

correct age is especially important. Physicians' plates

MEDICAL CERTIFICATION

8413

92

1914

WALTON  
CO. N. Y.  
BOND  
OFFICE

200  
52 2349BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2349

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Michael Lawicki</i>		2. DATE OF DEATH <i>March 8, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Little Sisters of the Poor</i> B. COUNTY <i>10-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1200 Valley St.</i>		5. SEX <i>male</i>	
6. COLOR OR RACE <i>white</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widower</i>	
8. DATE OF BIRTH <i>18 Sept. 1873</i>		9. AGE (In years last birthday) <i>78</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>George Lawicki</i>		14. MOTHER'S MAIDEN NAME <i>Mary Krolczyk</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>5 yrs</i>
---	---	--

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
---	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

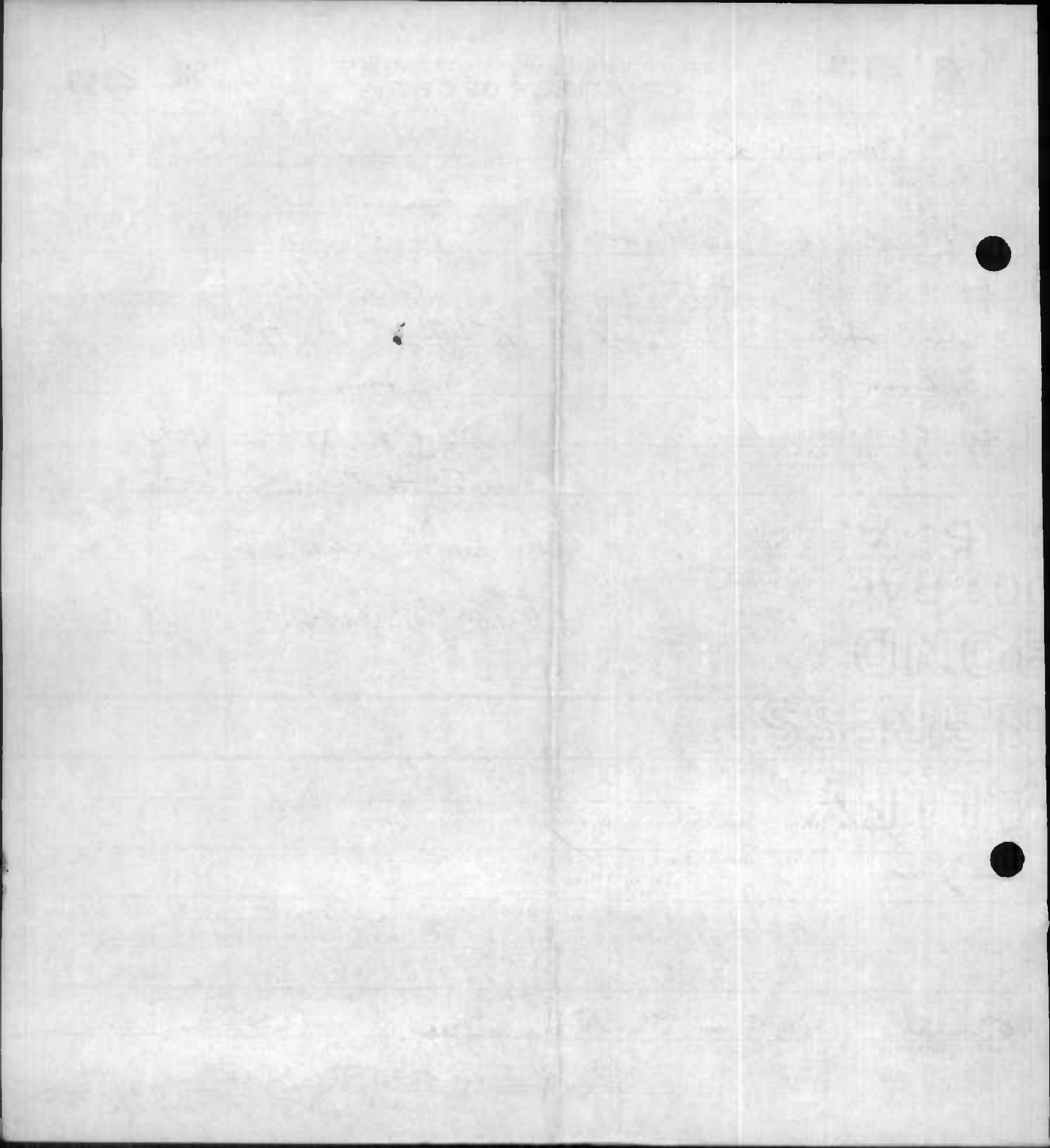
22. I hereby certify that I attended the deceased from *Feb 1 -*, 1952, to *March 9 -*, 1952, that I last saw the deceased alive on *March 8*, 1952, and that death occurred at *4 P.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. Gill Hall M.D.</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>March 10 - 52</i>
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/11/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	24D. LOCATION (City, town, or county) (State) <i>Beth. Md</i>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 10 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>	25. FUNERAL DIRECTOR <i>Solby &amp; Zeiler Inc</i>	ADDRESS <i>403 S. Wolfe St</i>
--	--	---	-----------------------------------







**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*Annie Johnson*

2. DATE  
OF  
DEATH

*Mar 8, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*JOHNS HOPKINS HOSPITAL*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

*1215 Parrish St.*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

**CAUSE OF DEATH**

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Peritonitis - ? etiology*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

*? 3 weeks*

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Hypertensive cardiovascular disease & uremia, ? metastatic tumor.*

*many years*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-8-*, 19*52* to *3-8-*, 19*52* that I last saw the deceased alive on *3-8-*, 19*52* and that death occurred at *1:20 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Carol M. Johnson*

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*3/9/52*

24. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Mar 10 1952*

*Huntington Williams, M.D.*

*Wes. H. Nelson 1303*

MEDICAL CERTIFICATION



630  
52 2351BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2351

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Annie Kasira Fried

2. DATE

OF  
DEATH March 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1912 Cecil Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1912 Cecil Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 9, 1872

9. AGE (in years  
last birthday)

79

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

York Pa.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Dietz

14. MOTHER'S MAIDEN NAME

Julia Gingerick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.  
NONE17. INFORMANT 1912 Cecil Ave ADDRESS  
Mr. George C. Fried

18. 592X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 wks

5 yrs

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 22, 1952 to March 8, 1952 that I last saw the  
deceased alive on March 7, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 11, 1952

Parkwood Cemetery

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams, M.D.

Henry Sander &amp; Sons Inc.

2 Baltimore Md

100

8

UNITED STATES OF AMERICA  
DEPARTMENT OF COMMERCE  
BUREAU OF COMMERCE

100

1. Name of the person or firm to whom the license is issued

2. Name of the person or firm to whom the license is issued

3. Name of the person or firm to whom the license is issued

4. Name of the person or firm to whom the license is issued

5. Name of the person or firm to whom the license is issued

6. Name of the person or firm to whom the license is issued

7. Name of the person or firm to whom the license is issued

8. Name of the person or firm to whom the license is issued

9. Name of the person or firm to whom the license is issued

10. Name of the person or firm to whom the license is issued

11. Name of the person or firm to whom the license is issued

12. Name of the person or firm to whom the license is issued

13. Name of the person or firm to whom the license is issued

14. Name of the person or firm to whom the license is issued

15. Name of the person or firm to whom the license is issued

16. Name of the person or firm to whom the license is issued

17. Name of the person or firm to whom the license is issued

18. Name of the person or firm to whom the license is issued

19. Name of the person or firm to whom the license is issued

20. Name of the person or firm to whom the license is issued

21. Name of the person or firm to whom the license is issued

22. Name of the person or firm to whom the license is issued

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2352  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**ARTHUR A. DIETER**

2. DATE

OF DEATH **March 6, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**1833 N. Dallas Street**

C. CITY OR TOWN

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1833 N. Dallas Street**

C. Length of stay in Baltimore

**Life**

5. SEX

**M**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH

**Oct. 15, 1908**

9. AGE (In years last birthday)

**43**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Bartender**

10B. KIND OF BUSINESS OR INDUSTRY

**Tavern**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**George H. Dieter**

14. MOTHER'S MAIDEN NAME

**Matilda Schapperl**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT **1833 N. Dallas Street**  
**Mrs. Marie A. Dieter**

18. **353.3 I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6**, 19**52**, to **March 6**, 19**52**, that I last saw the deceased alive on **March 6**, 19**52**, and that death occurred at **2:30** p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

**burial**

24B. DATE

**3/10/52**

24C. NAME OF CEMETERY OR CREMATORY

**Parkwood cemetery**

24D. LOCATION (City, town, or county)

**Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**MAR 10 1952**

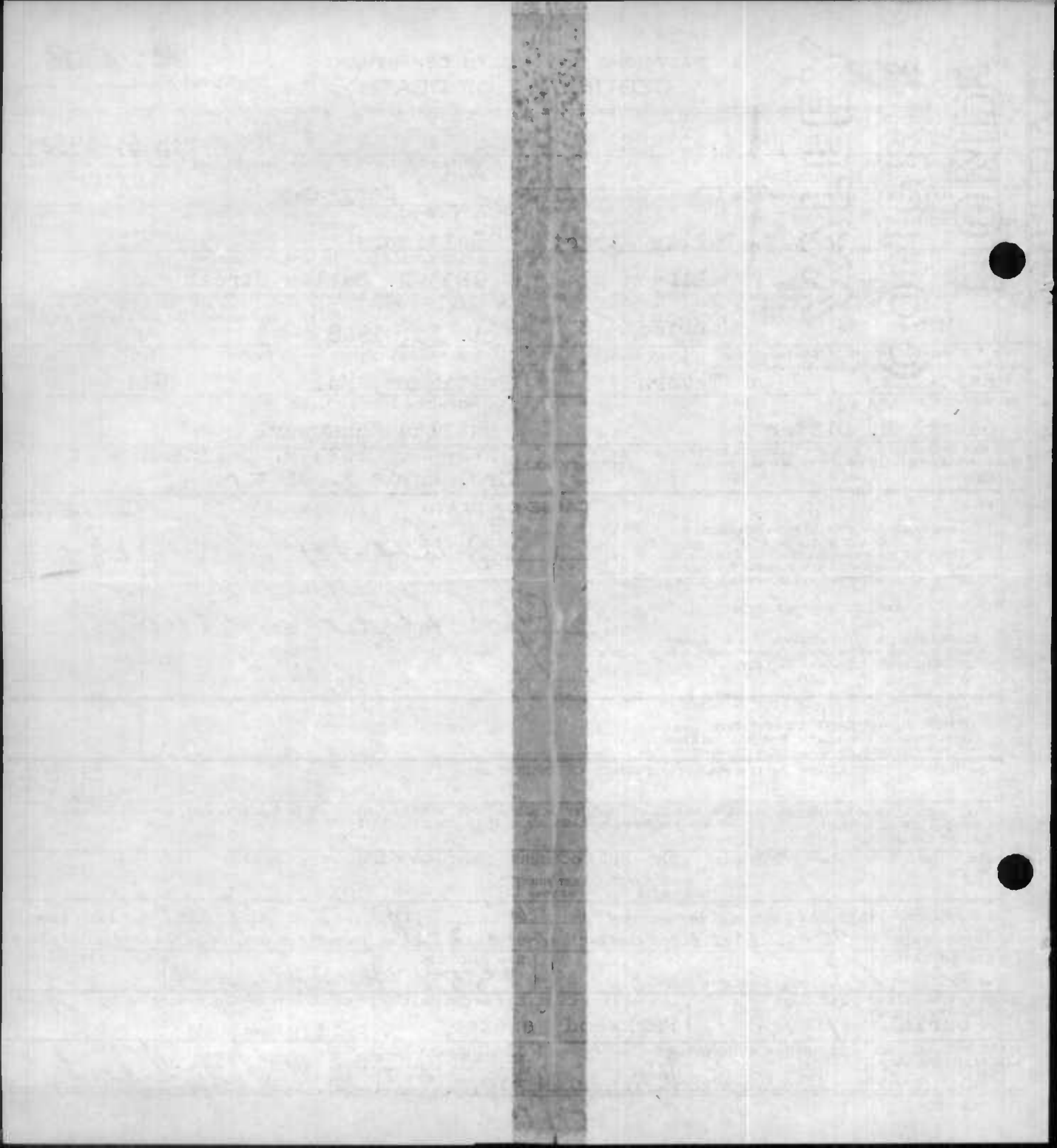
**Huntington Williams**

**HENRY SANDER & SONS, INC.**

**BALTO. 213 MD.**

MEDICAL CERTIFICATION

If necessary, important. Physicians, please write the causes of death clearly and legibly.





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**VIOLA**

**MACK**

2. DATE OF DEATH **March 6, 1952**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY \_\_\_\_\_

B. FULL NAME OF \_\_\_\_\_ (If not in hospital or institution, give street address or location)

**University Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
**Baltimore**

D. STREET ADDRESS (If rural, give location)  
**740 W. Fairmount Avenue**

Length of stay in Baltimore **15yrs**

5. SEX **female** 6. COLOR OR RACE **colored** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **6/15/1906** 9. AGE (In years last birthday) **45** If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laundress** 10B. KIND OF BUSINESS OR INDUSTRY **Home Laundress**

11. BIRTHPLACE (State or foreign country) **Waynesboro, Ga.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME  
**Nathan Mack**

14. MOTHER'S MAIDEN NAME  
**Katie Freeman**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**No No**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT **Rt. #4 Box 18** ADDRESS **Julia Ballard, Charlotte, N.C.**

18. <b>32201</b> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) <b>Acute alcoholism</b>	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

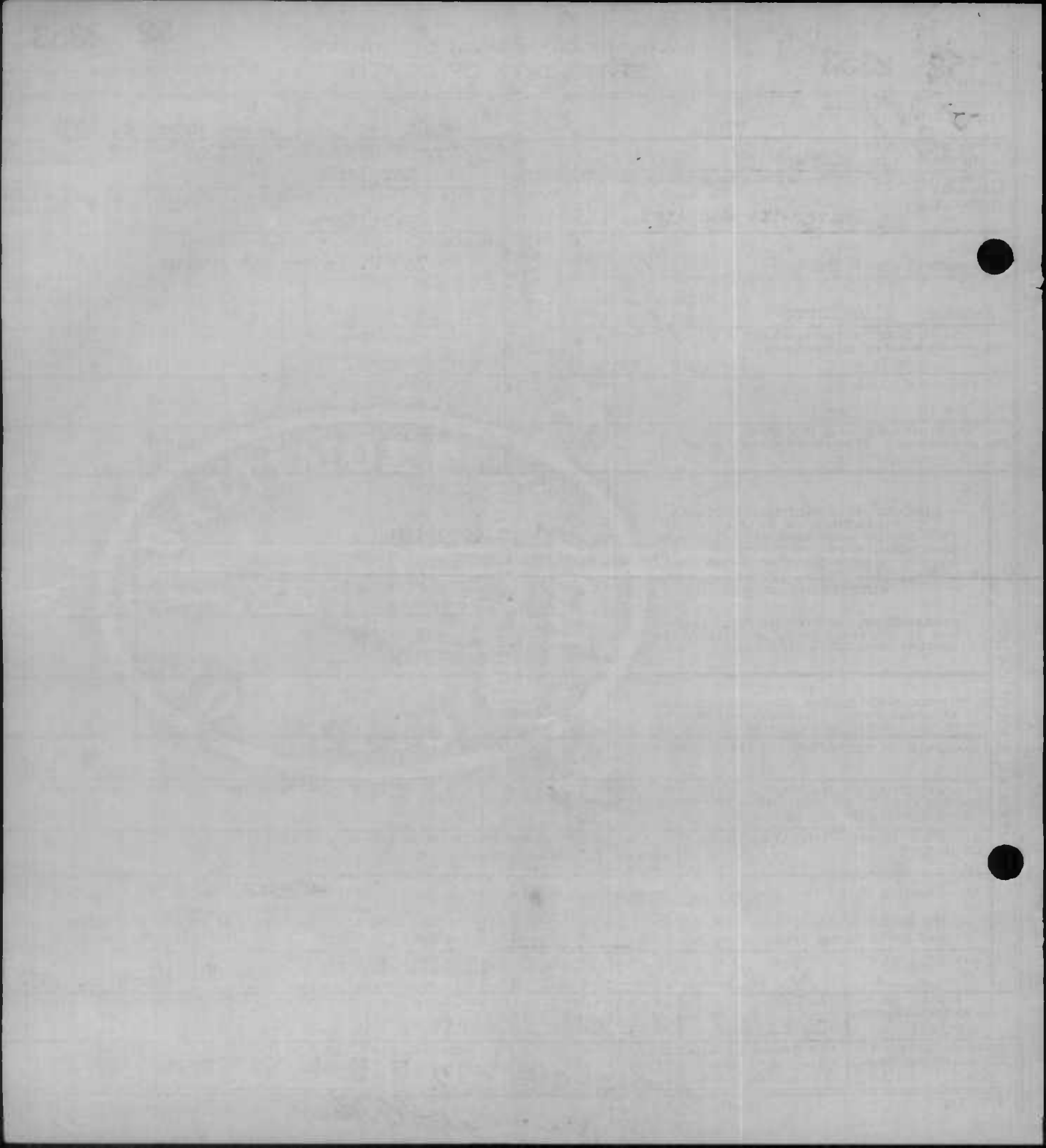
23A. SIGNATURE **Huntley H. Williams, M.D.** 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **March 6, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **3/11/52** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn Cemetery** 24D. LOCATION (City, town, or county) (State) **Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 10 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Chas G Cooper** ADDRESS **512 Carrollton Av.**

V S 151 **643 80** **77c**





60052 2354

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2354

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIE LOWERY

2. DATE  
OF  
DEATH

3/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

B. COUNTY

(before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1102 APPLETON STREET

C. CITY OR TOWN

(If outside corporate limits, write full name of township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1102 APPLETON STREET

c. Length of stay in Baltimore

30YRS.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8/15/1881

9. AGE (In years  
last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

UNEMPLOYED CEMENT FINISHER

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

CHESTERFIELD, S.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CONS

14. MOTHER'S MAIDEN NAME

LIZA WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL  
SECURITY NO.

217-07-1911

17. INFORMANT

ADDRESS

FLORENCE LOWERY (W) 1102 APPLETON ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CARDIO VASCULAR

2 YRS

DUE TO DISEASE

ANTECEDENT CAUSES

(B) BROKEN COMPENSATION 6 Mo's

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from APR 10, 1951, to MARG, 1952, that I last saw the  
deceased alive on MARG, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

4/10/1952

MT. AUBURN CEM.

BALTO. MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952  
VS 150

Huntington Williams

CHARLES G. COOPER-512

CARROLLTON A

51124 Charles Cooper

937

MEDICAL CERTIFICATION

NOV 24 1954  
RECEIVED  
CLASS 1 77-10753

VALLEY  
ENCLOSURE  
END  
100-114  
U.S. AIR FORCE

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN LIPSCOMB

2. DATE  
OF  
DEATH

MAR 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

617 Sarah Ann St

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

6/17/1910

9. AGE (In years  
last birthday)

41

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Junk Business

11. BIRTHPLACE (State or foreign country)

VA

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Barney Lipscomb

14. MOTHER'S MAIDEN NAME

Clara Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, on or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

BONNIE LIPSCOMB (B) 500 N. PINE ST

18. 002 X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Pneumonia, Left Lung  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Active Pulmonary Tuberculosis  
DUE TO  
(C)

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/52, 19, to 3/8/52, 1952, that I last saw the  
deceased alive on 3/8/52, 19, and that death occurred at 10:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Mossin

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Mar 9, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/12/52

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER-512 CARROLLTON

STATE OF NEW YORK  
CERTIFICATE OF DEATH

STATE OF NEW YORK  
CERTIFICATE OF DEATH

DECEASED'S NAME

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>James T. Shipley</i>			2. DATE OF DEATH <i>March 9, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>South Baltimore General Hospital</i> <i>1213 Light Street, Baltimore 30, Md.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 30.</i> <i>22-01</i>		
D. STREET ADDRESS (If rural, give location) <i>44 East Hill Street</i>					
5. SEX <i>Male</i>			6. COLOR OR RACE <i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>AUG. 22, 1919</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Gen</i>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <i>Jack Shipley</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Smith</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Wife IRENE SHIPLEY</i>			ADDRESS <i>Same</i>		

18. <i>59 x</i> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		<i>One year</i>
(A) DUE TO		<i>2 wks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic glomerulonephritis</i>		<i>One year</i>
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Feb. 23*, 1952, to *March 9*, 1952, that I last saw the deceased alive on *March 9*, 1952, and that death occurred at *2:55 pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Chi-Chao Chin</i> M. D.	23B. ADDRESS <i>1213 Light Street</i>	23C. DATE SIGNED <i>Mar. 9, 52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>3/12/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>GLEN HAVEN MEM. PARK</i>	24D. LOCATION (City, town, or county) (State) <i>ANNE ARUNDEL CO., MD.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 10 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>JOHN F. DENNY, INC. 716 LIGHT ST. BALTIMORE, 30, MD.</i>	

James T. Murphy

1000 1/2 Street, Boston, Mass.

My dear Mr. Murphy

32

Male White Mountain

Before

Jack 24th

Belmont, Mass.

Catherine Smith

Wife

Belmont

Charles H. Smith

Charles H. Smith

1000 1/2 Street, Boston, Mass.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2357  
Registered No. 52 2357

BIRTH NO. 422

1. NAME OF DECEASED  
(Type or Print)

Peter ZIOLKOWSKI

2. DATE  
OF  
DEATH

Mar. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

240 S. Washington St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. City

D. STREET ADDRESS (If rural, give location)

240 S. Washington St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

About 72

10. Under 1 Year  
Months: Days

11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Stove Manufacture

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Ziolkowski

14. MOTHER'S MAIDEN NAME

✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

144-07-6871

17. INFORMANT

ADDRESS

Mary Ziolkowski 240 S. Washington St

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

BRONCHIAL PNEUMONIA

INTERVAL BETWEEN  
ONSET AND DEATH

2/27/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A)

DUE TO

DIABETES MELLITUS

???

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

LEFT INGUINAL HERNIA  
HYPERTROPHY OF PROSTATE

??  
??

19A. DATE OF OPERATION

12/12/51; 12/27/51

19B. MAJOR FINDINGS OF OPERATION

1-LT. INGUINAL HERNIA 2- HYPERTROPHIED PROSTATE

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1951, to MAR. 7, 1952, that I last saw the  
deceased alive on MAR. 7, 1952, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Jeff F. Wrenn

23B. ADDRESS

209 S. Chesapeake St

23C. DATE SIGNED

3/8/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 11-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county) (State)

Balto. Co. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 10 1952

REGISTRAR'S SIGNATURE

Huntington, Wm. F. ...

25. FUNERAL DIRECTOR

M. S. Ziolkowski 2007 Eastern Ave

ADDRESS

WEST VIRGINIA DEPARTMENT OF HEALTH  
STATE OF DEATH

STATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 2358**

**300**  
**2358**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Eliza Reed</i>			2. DATE OF DEATH <i>March 6, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1641 Ashland Ave.</i>			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>45 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1641 Ashland Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 2, 1880</i>	9. AGE (In years last birthday) <i>71</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Charlotte Co. Va.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Henrietta Pleasant</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Paul Stanley 1641 Ashland Ave.</i>		

18. *442 x I* CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Hypertensive cardio - 2 yrs*  
DUE TO *Renal Disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*arterio-sclerosis*

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *8/4* to *3/6*, 19*52*, that I last saw the deceased alive on *3/6*, 19*52*, and that death occurred at *3:50 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *[Signature]* 23B. ADDRESS *1500 EAST MADISON ST. BALTIMORE* 23C. DATE SIGNED *3-8-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>March 10, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 10 1952</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, Jr.</i>	25. FUNERAL DIRECTOR ADDRESS <i>1129 N. Caroline St. 121a</i>

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340  
2359BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2359

BIRTH NO. 11 R.

1. NAME OF DECEASED  
(Type or Print)

Paul W. Keatley

2. DATE  
OF  
DEATH

MAR 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

Md.

Becil

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Elkton

D. STREET ADDRESS (If rural, give location)

Rt. 1

5700

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

2-29-52

9. AGE (In years  
last birthday)If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Merlyn J. Keatley

14. MOTHER'S MAIDEN NAME

Mildred Varney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

Septicemia

(B) DUE TO

Prematurity

(C) DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

Life

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-1952 to 3-8-1952 that I last saw the  
deceased alive on 3-8-1952 and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

S. H. H. H.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-8-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/11/52

24C. NAME OF CEMETERY OR CREMATORY

S. H. H. H.

24D. LOCATION (City, town, or county)

No. Elkton, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

No. 22 Poplar + Son, Elkton, Md.

MAR 10 1952

VS 150

159

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





## CERTIFICATE OF DEATH

Registered No. 52 2360

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

University Hospital

length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

March 8, 1952

4. USUAL RESIDENCE (Where deceased lived, if institution, give residence before admission)

A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

714 Vine Street

8. DATE OF BIRTH

2/8/49

9. AGE (in years last birthday)

3

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTH PLACE (State or foreign country)

Balto. and

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Annie G.

17. INFORMANT

ADDRESS

Arthur Mills 549 christopher

18. E916.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 1st, 2nd, &amp; 3rd degree burns of

~~burns~~

entire body

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY:

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

714 Vine Street

4/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 8, 1952 a.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Burned in fire at home

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Smolcher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED March 8, 1952

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

24B. DATE

3/14/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county) (State)

Cedar Hill and

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Adolphus Halstead 918 Druid

MAR 10 1952

VS 151

N-9482

180 Hillman

MEDICAL CERTIFICATION





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2361

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ARMOND

SMITH

2. DATE  
OF DEATH March 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

University Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

714 Vine Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

37

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Ann Tizzie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

249-01-4492

17. INFORMANT

Arthur M. Mills

ADDRESS

549

18. E 916.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) 1st, 2nd, &amp; 3rd degree burns of head

and extremities

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

714 Vine Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

March 8, 1952

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Burned in fire at home

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley K. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 8, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/14/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county) (State)

Cedar Hill Md

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Adolphus Habstad 918 Duval

ADDRESS

180 Duval Ave.

VS 151

N-948:2

180

MS. 24

MS. 24

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **2362**

**530**  
**2362**  
BIRTH NO. **50-04377**

1. NAME OF DECEASED (Type or Print) <b>WILLIE SMITH</b>		2. DATE OF DEATH <b>March 8, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>714 Vine Street</b>		E. LENGTH OF STAY IN BALTIMORE	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>2/12/50</b>
9. AGE (In years last birthday) <b>2</b>		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Armand Smith</b>		14. MOTHER'S MAIDEN NAME <b>Archie J.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Arthur Mills</b>		ADDRESS <b>549 Christopher</b>	

18. **E916.0** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**(A) 1st, 2nd, & 3rd degree burns of entire body**

ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
**(B) DUE TO**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>714 Vine Street</b>
21D. TIME (Month) (Day) (Year) (Hour) <b>March 8, 1952 am.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Burned in fire at home</b>

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley H. Dunsicker</b> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>March 8, 1952</b>
---	---	---------------------------------------

24A. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/14/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>	24D. LOCATION (City, town or county) (State) <b>Cedar Hill, Md</b>
--	--------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 10 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	FUNERAL DIRECTOR <b>Robert H. Halestead</b>	ADDRESS <b>180 918 Duval Hill Ave.</b>
---	--	---	--

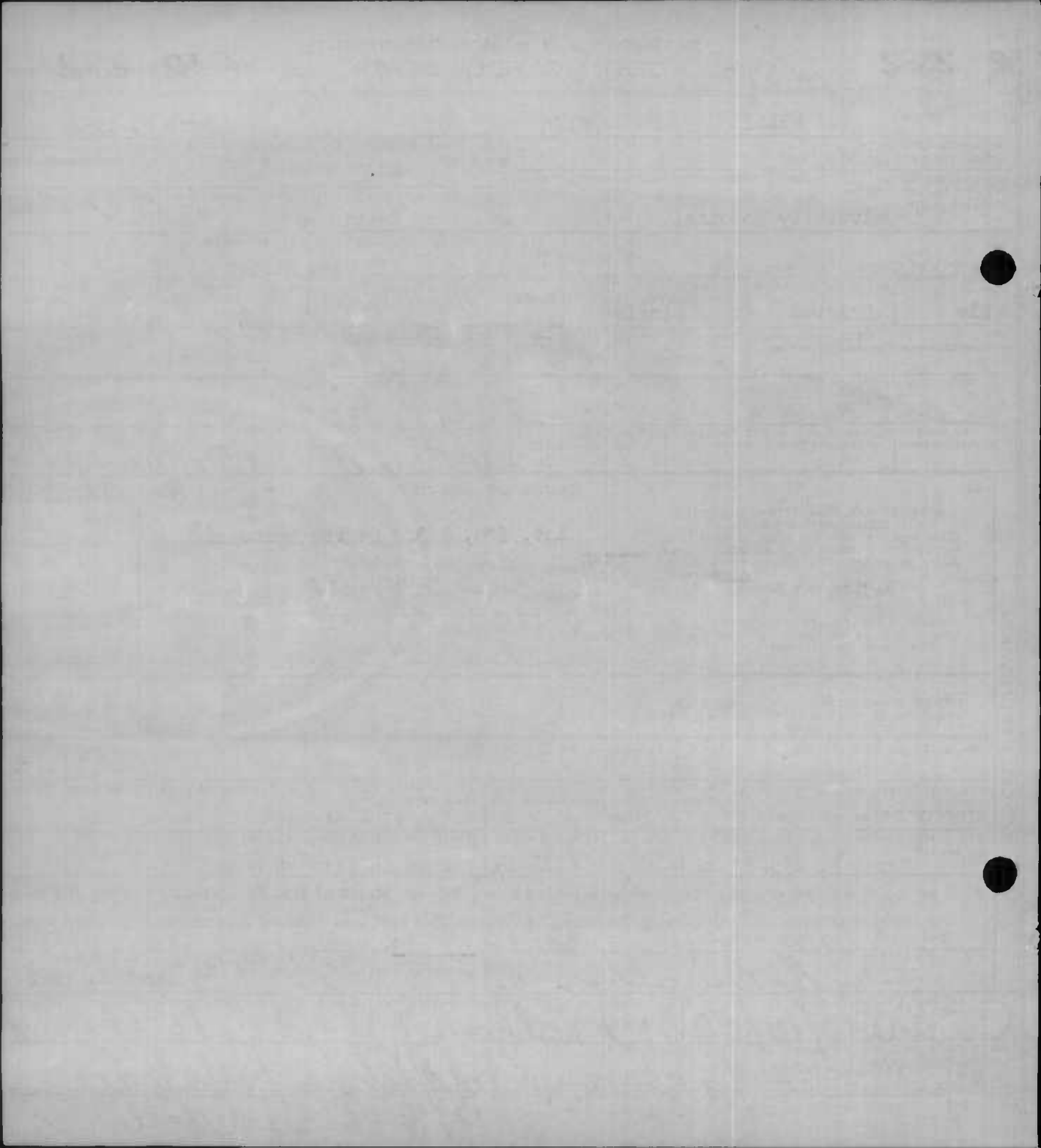
VS 151

**N-548.20**

**180 918 Duval Hill Ave.**

MEDICAL CERTIFICATION

Important! If by means of this form, please write the cause of death clearly and legibly.



# CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 2363

BIRTH NO. 51-12714

1. NAME OF DECEASED  
(Type or Print)

BETTY

SMITH

2. DATE  
OF  
DEATH

March 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

714 Vine Street

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6/7/51

9. AGE (In years  
last birthday)

37-

If Under 1 Year  
Months: Days

9 mos 1

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. md.

12. CITIZEN OF  
WHAT COUNTRY

13. FATHER'S NAME

Armand Smith

14. MOTHER'S MAIDEN NAME

Archie F.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Arthur Mills 549 Chestnut St.

18. E91601

### CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Asphyxia due to carbon monoxide poisoning

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Burns of entire body surface

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

714 Vine St.

21D. TIME (Month) (Day) (Year) (Hour)

March 8, 1952 a.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Burned in fire at home

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dinschlag M.D.

23B. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 8, 1952

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams M.D.

Edaphus Halstead 918

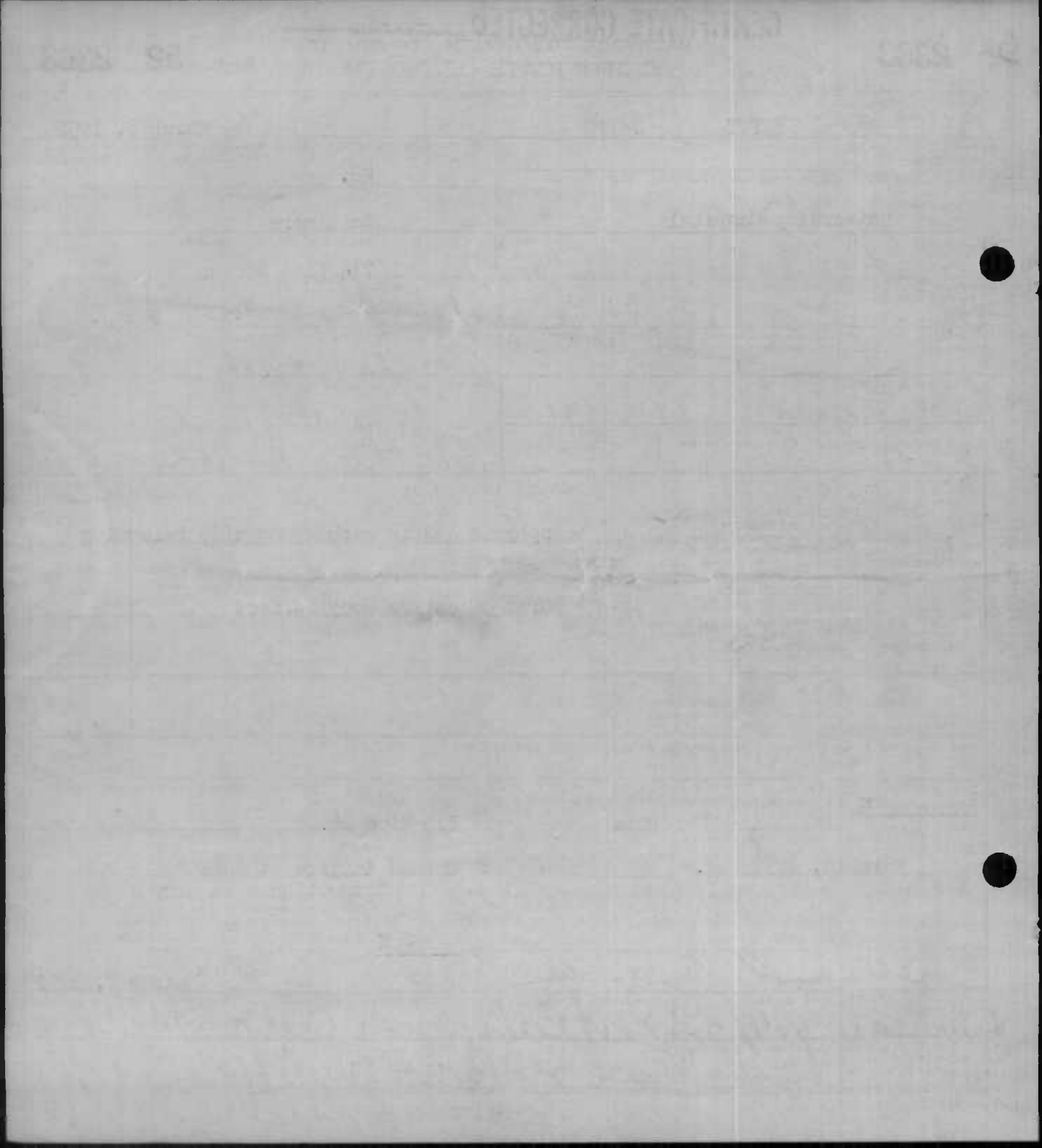
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N-991X

Druid Hill arc. 180

correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2364**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Michael Cohen</b>			2. DATE OF DEATH <b>3/10/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. M. HOSP</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 15-10</b>		
6. Length of stay in Baltimore <b>32</b> Yrs. <b>32</b> Mos. <b>32</b> Days			D. STREET ADDRESS (If rural, give location) <b>3402 Park Heights Ave</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>52</b>		9. AGE (in years last birthday) <b>52</b> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Repairman</b>			11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Russ</b>			14. MOTHER'S MAIDEN NAME <b>Leser</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Fannie Cohen same</b>		

18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Edema</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>myocardial infarction</b> (B) DUE TO <b>ASCVD</b> (C)		

**II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3/3</b> 19 <b>52</b> to <b>3/10</b> 19 <b>52</b> , that I last saw the deceased alive on <b>3/10</b> 19 <b>52</b> and that death occurred at <b>12:30</b> m., from the causes and on the date stated above.					

23A. SIGNATURE <b>Fannie Cohen</b>	23B. ADDRESS <b>Senai Hwy</b>	23C. DATE SIGNED <b>3/10/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>3-10-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 10 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR ADDRESS <b>Jack Lewis 2100 Eutaw Pl</b>	

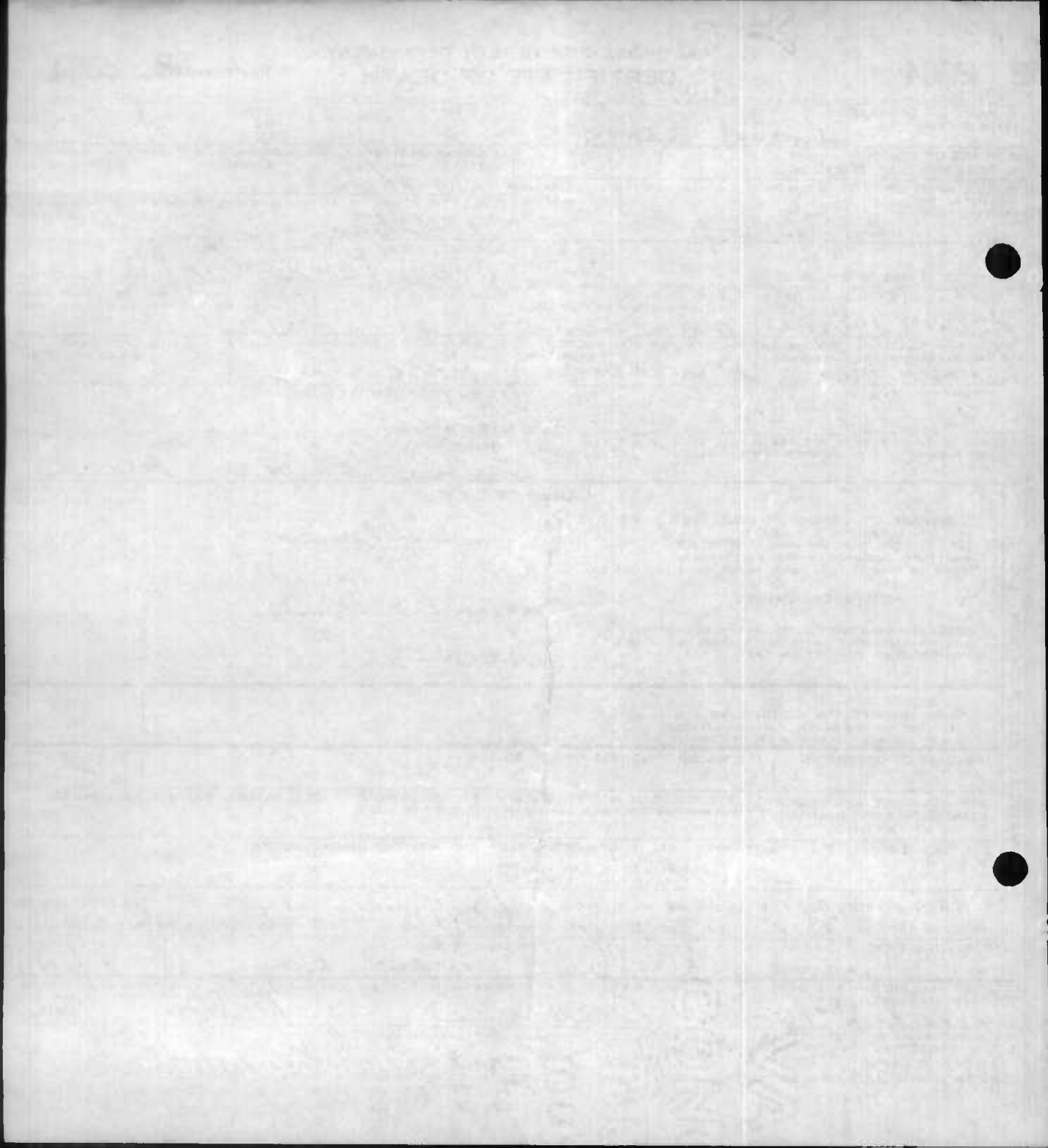
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Correct age is especially important

MEDICAL CERTIFICATION



400

52 2365

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2365

1. NAME OF DECEASED (Type or Print) <i>Paul, Martin</i>			2. DATE OF DEATH <i>Mar 8, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>		
Length of stay in Baltimore <i>40 hrs</i>			D. STREET ADDRESS (If rural, give location) <i>Baltimore, Md 5300</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 1st</i>		9. AGE (in years last birthday) <i>40 yrs</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Andrew</i>			14. MOTHER'S MAIDEN NAME <i>Bess Miller</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>1-3-073-0200</i>	17. INFORMANT <i>Wife, Margaret Paul Martin, Md.</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>Coronary Arteriosclerosis</i> (B) <i>Coronary Sclerosis</i> (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Aspiration Pneumonia</i>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/7</i> , 1952, to <i>3/8</i> , 1952, that I last saw the deceased alive on <i>3/8</i> , 1952, and that death occurred at <i>3:12</i> P.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>John E. T. [illegible]</i>		23B. ADDRESS <i>St Agnes Hosp</i>		23C. DATE SIGNED <i>3/8/52</i>	
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE <i>Mar 12-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Meadowridge</i>	24D. LOCATION (City, town, or county) (State) <i>Washington Blvd - Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 10 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. J. [illegible]</i>		ADDRESS <i>5646 Carroll Ave.</i>	

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NATIONAL BUREAU OF INVESTIGATION  
DEPARTMENT OF JUSTICE

100



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2366

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE FASEY

2. DATE  
OF  
DEATH

MAR 4, 1932

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Unknown

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

3-10-93

9. AGE (In years  
last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Trinidad, West Indies

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 493X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pneumococcal pneumonia

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerosis, generalized

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-29-1932 to 3-4-1932 that I last saw the  
deceased alive on 3-4-1932, and that death occurred at 12:44 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1932

Huntington Williams M.D.

Ragner Sanders

217

5/15



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 2367

BIRTH NO. 600

1. NAME OF DECEASED  
(Type or Print)

*Sarah H Frey*

2. DATE  
OF  
DEATH

*March 6, 1952*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *Md.* B. COUNTY *Balto*

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

*1110 Sarah Ann St.*

C. CITY OR TOWN (If outside corporate limits, write full R.L. and give township)

*Balto*

*18-02*

c. Length of stay in Baltimore  
Yrs. *0*  
Mos. *0*  
Days *0*

D. STREET ADDRESS (If rural, give location)

*1110 Sarah Ann St*

5. SEX *Female*

6. COLOR OR RACE *Col.*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Widow*

8. DATE OF BIRTH

*July 4/1876*

9. AGE (In years last birthday)

*75*

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Balto Md.*

12. CITIZEN OF (State or foreign country)

*USA*

13. FATHER'S NAME

*Andrew Jackson*

14. MOTHER'S MAIDEN NAME

*Sarah Johnson*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

17. INDECUMANT ADDRESS  
*Hattie Cordes 644 Perkins Cor.*

18. *331X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 22, 1952* to *March 6, 1952* that I last saw the deceased alive on *2-23*, 1952, and that death occurred at *9:45* a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATION



DECEMBER 1945

105

Good to see you  
again

Yours truly  
J. Edgar Hoover

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2368**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**John Gordon**

2. DATE OF DEATH **3/7/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

**Balto. Md.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Provident Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

**Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Bz/to**

**16-03**

D. STREET ADDRESS (If rural, give location)

**1616 W. Lanvale St**

c. Length of stay in Baltimore

5. SEX

**M.**

6. COLOR OR RACE

**colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widow**

8. DATE OF BIRTH

**3.6.1870**

9. AGE (in years last birthday)

**82**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**farmer**

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**W. Moreland Ct. Va.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**P**

14. MOTHER'S MAIDEN NAME

**Susie P**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Ruth Allen 1216 Edmondson Ave**

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**Cerebral Hemorrhage**

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/7**, 19**52** to **3/7**, 19**52** that I last saw the deceased alive on **3/7**, 19**52** and that death occurred at **9:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**D. G. Lionides**

M. D.

23B. ADDRESS

**Provident Hospital**

23C. DATE SIGNED

**3/8/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**3/11/1952**

24C. NAME OF CEMETERY OR CREMATORY

**West Moreland Co. Va.**

24D. LOCATION (City, town, or county) (State)

**West Moreland Co. Va.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

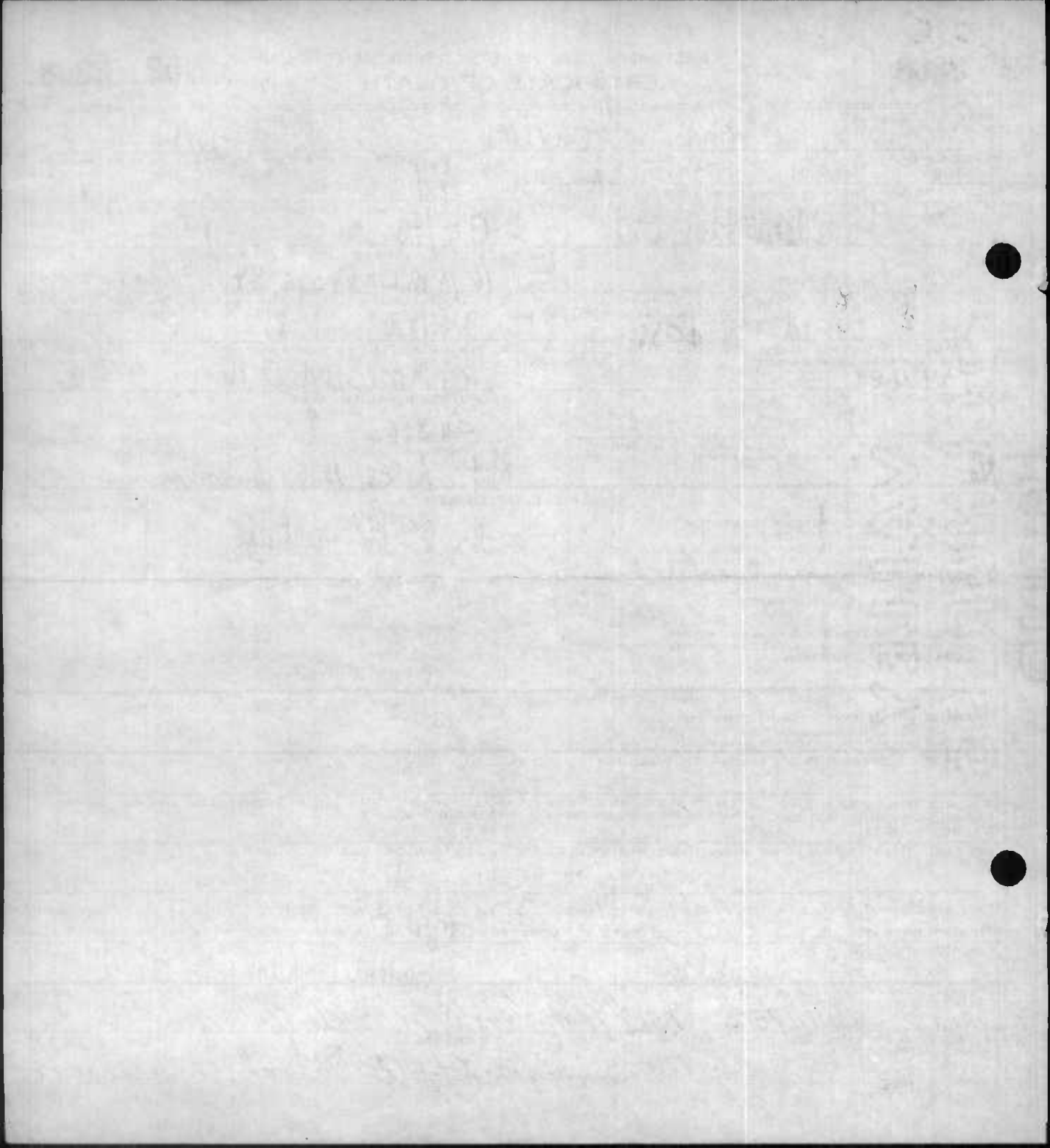
**Huntington Williams**

25. FUNERAL DIRECTOR

**Mr. Katie R. Williams**

ADDRESS

**322 N. Schreiner St.**



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2369**

**000**  
BIRTH NO. **52 2369**

1. NAME OF DECEASED (Type or Print) <b>JEFFREY LAY</b>		2. DATE OF DEATH <b>March 5, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>18-03</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>102 S. Fremont Avenue</b>		E. LENGTH OF STAY IN BALTIMORE <b>Yrs. Mos. Days</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 5/1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Str.</b>	
13. FATHER'S NAME <b>John Lay</b>		14. MOTHER'S MAIDEN NAME <b>Mary</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Victoria Coates</b>		ADDRESS <b>Fremont Ave</b>	

**CAUSE OF DEATH**

18. <b>585 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <b>Acute cholangitis</b> <del>Diagnosis</del> ANTECEDENT CAUSES (B) <b>Arteriosclerotic cardiovascular disease</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: ☒ natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <b>Stanley B. Quislander</b> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>March 5, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>March 10, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>W F Auburn Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Balto. Md</b>	25. FUNERAL DIRECTOR <b>Huntington Williams, M. Mrs. Kate Williams</b> ADDRESS <b>322 N. Schroeder St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 10 1952</b>		VS 151			

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MEDICAL CERTIFICATION

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THE UNIVERSITY OF CHICAGO

LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES

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52 2370BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2370  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THOMAS F. WHITE

2. DATE  
OF  
DEATH

3-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3908 Canterbury Rd.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3908 Canterbury Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1890

9. AGE (In years,  
last birthday)

61

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John J. White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. Teresa White

18.

260x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis  
acute

5 min.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

✓

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Diabetes Mellitus

4 years.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to Nov, 1952, that I last saw the  
deceased alive on Nov 5, 1952, and that death occurred at 10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-10-52

Holy Redeemer Cem.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams, M.D.

VS 150

109 520

2360

WILDEFELD AND SON  
GREENMOUNT AVE & 22nd ST. 61

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2371

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDWARD J. ROGERS

2. DATE  
OF  
DEATH

3-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (if rural, give location)

1714 Crystal Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

6-9-99

9. AGE (In years  
last birthday)

52

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

chauffeur

10B. KIND OF BUSINESS OR  
INDUSTRY

Diamond Cab Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Edward J.

14. MOTHER'S MAIDEN NAME

Margaret Schruffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret F. Rogers-1714 Crystal Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 9, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/12/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles F. Williams

ADDRESS

4308

1585 58

1585



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 2372

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FILMORE HARKER

2. DATE  
OF  
DEATH

3-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, 2

D. STREET ADDRESS (If rural, give location)

1706 Harford Road - 2

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

MAR 21/1877

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABOR WATER DEPT

10B. KIND OF BUSINESS OR  
INDUSTRY

BALTIMORE CITY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES P. HARKER

14. MOTHER'S MAIDEN NAME

ADELINE RUSSELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MYRTLE FEDERICO 4713 HARFORD RD.

18. 450.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Senility.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis.

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7-1951 to 3-9-1952, that I last saw the  
deceased alive on 3-9-1952, and that death occurred at 11:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline street - 13 3-9-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

MAR 12 1952 EBENEZER METHODIST CEM

CHASE

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams, M.D.

Doppel Bros

1800 E LOMBARD ST.

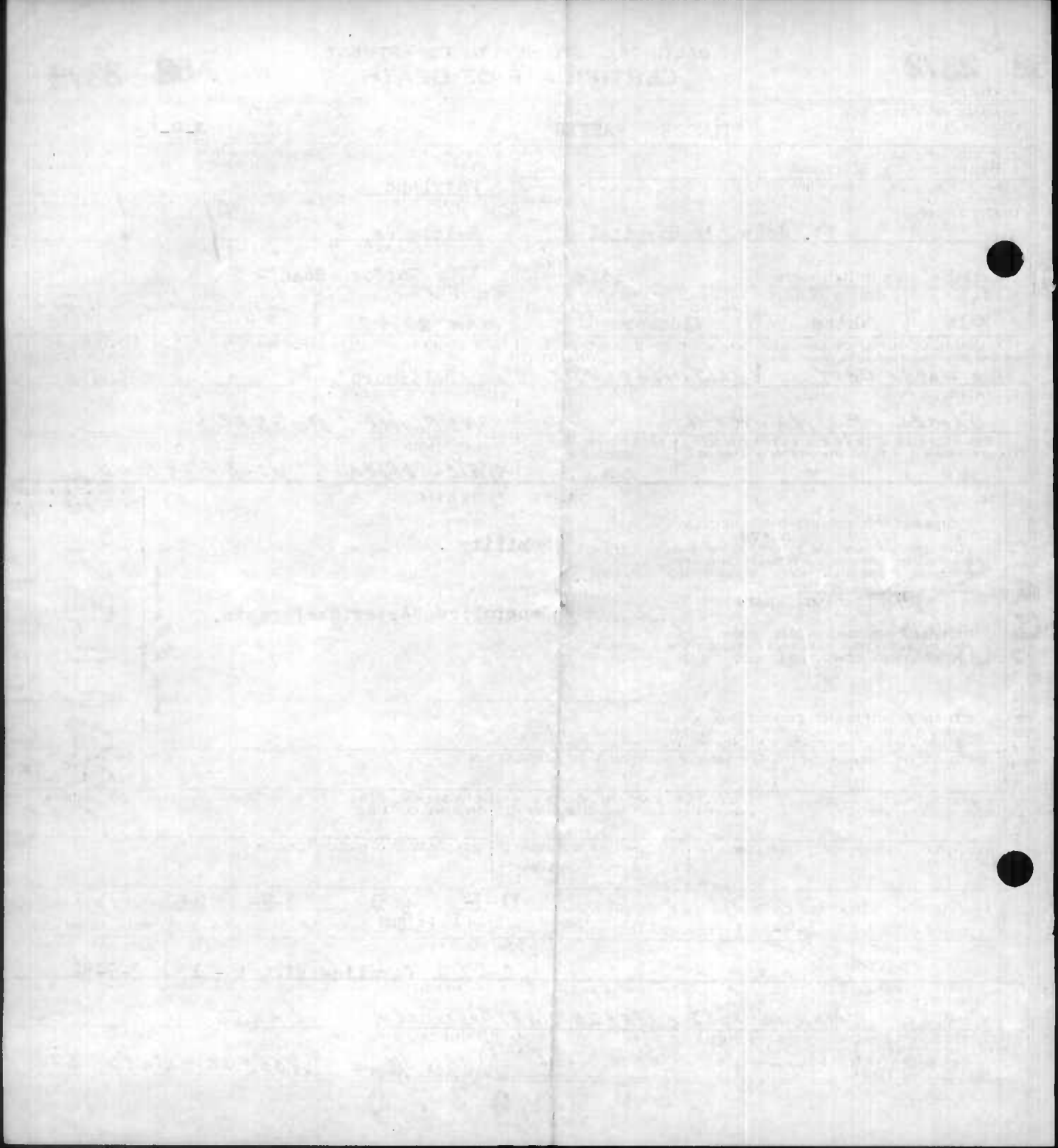
VS 150

19520970370

97

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



350  
52 2373

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2373

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <u>Sister Aloysia Heyden</u>		
2. DATE OF DEATH <u>3-8-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>6420 Reisterstown Rd.</u>		
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>The Seton Institute</u>		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>6420 Reisterstown Road</u>		
C. Length of stay in Baltimore <u>16</u> Yrs. <u>13</u> Mos. <u>13</u> Days		
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Sister</u>	10B. KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH <u>9-21-1879</u>
11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>		9. AGE (In years last birthday) <u>72</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		If Under 1 Year Months: Days
13. FATHER'S NAME <u>Fred L. Heyden</u>		If Under 24 Hours Hours: Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>
17. INFORMANT <u>The Seton Institute</u>		ADDRESS

18. <u>331X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Cerebral hemorrhage</u> DUE TO <u>Cerebral arteriosclerosis</u> (B) <u>Arterial hypertension</u> DUE TO (C) <u>Paranoid psychosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>two weeks</u> <u>10 years</u> <u>18 years</u>
---	--	--

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept. 1936</u> to <u>March 8, 1952</u> , that I last saw the deceased alive on <u>March 8, 1952</u> and that death occurred at <u>2:00 p. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Walter D. Jaboreiss</u>		23B. ADDRESS M. D. <u>3703 Clarks Lane</u>		23C. DATE SIGNED <u>March 8, 52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Mar-11-1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Seton Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Seton Institute, Reisterstown Road</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D. Stewart &amp; Woodson Co! 108 W. North Ave.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 10 1952</u>		VS 150 <u>0786W</u> <u>City #1. 830a</u>			





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2374  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

NAMIE BONDI

2. DATE  
OF  
DEATH

MARCH 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP

C. Length of stay in Baltimore

30-40

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

400 N. Pine St

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

Feb. 19-1894

9. AGE (In years  
last birthday)

57

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Norfolk Va.

12. CITIZEN OF  
WHAT COUNTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Branches Lewis - 1815 E. Carey Rd.

18. 443x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

36 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CAUSE LAST.

(B) Congestive Heart Failure

DUE TO

60 hrs

(C) Hypertensive Cardiovascular Disease

56 yrs

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 6, 1952 to MARCH 8, 1952 that I last saw the  
deceased alive on MARCH 7, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert S. Mason

M. D.

University Hospital

MAR 8, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams, M.D.

Samuel W. Sullivan

1011 N. Arlington Ave



UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1911

CAUSE OF DEATH

IMMEDIATE CAUSE

OTHER CAUSE OF DEATH

II

OTHER CAUSE OF DEATH

OTHER CAUSE OF DEATH

OTHER CAUSE OF DEATH

OTHER CAUSE OF DEATH

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OTHER CAUSE OF DEATH

425  
52 2375BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2375  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>LAWRENCE Guleczynski</b>			2. DATE OF DEATH <b>March 7, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home &amp; Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>70</b>			D. STREET ADDRESS (If rural, give location) <b>7110 German Hill Road 5300</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 10, 1860</b>	9. AGE (In years last birthday) <b>91</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>	
13. FATHER'S NAME <b>unknown</b>			14. MOTHER'S MAIDEN NAME <b>unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Andrew 7009 Fruit ave</b>	

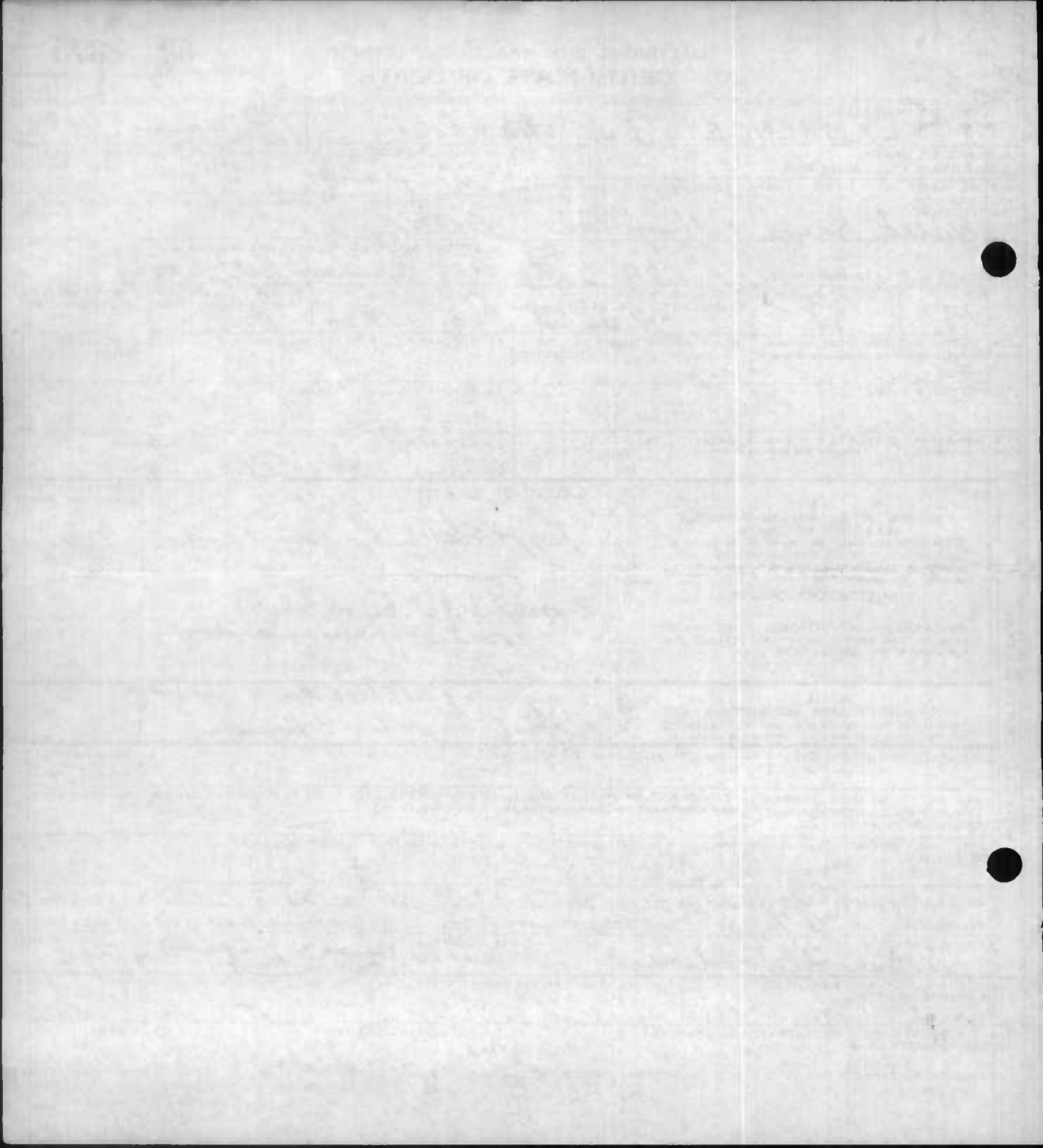
18. <b>422.1.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Hypostatic Pneumonia</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>3 da.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <b>Generalized arteriosclerotic cardio-vascular disease</b> DUE TO	
(C) <b>① Congestion of left foot - due to arteriosclerosis ② Right inguinal Hernia.</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from **2/27**, 19**52**, to **3/7**, 19**52**, that I last saw the deceased alive on **3/7**, 19**52**, and that death occurred at **—** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Arthur F. Woodward</b>	23B. ADDRESS <b>Church Home &amp; Hospital</b>	23C. DATE SIGNED <b>3/7/52</b>
---	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>March 11/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Polish National</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore County</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 10 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>John M. Welby</b>	ADDRESS <b>401 S. Chester Street</b>



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2376

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>VIOLA BURD YNSKI (MIZEJEWSKA)</b>		2. DATE OF DEATH <b>3-9-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write M.R.A. and give township) <b>BALTIMORE</b>	
C. Length of stay in Baltimore <b>38</b> Yrs. <b>1</b> Mos. <b>2</b> Days		D. STREET ADDRESS (If rural, give location) <b>617 S Bond St.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>2/7/14</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		9. AGE (In years last birthday) <b>38</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>GEORGE MIZEJEWSKI</b>	
14. MOTHER'S MAIDEN NAME <b>CLEMENTINE GROCHOLSKI</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>UNK</b>	
16. SOCIAL SECURITY NO. <b>213-09-5278</b>		17. INFORMANT <b>Stanley Burdyski</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>171X I</b> <b>CAUSE OF DEATH</b> (A) <b>Bronchus Pneumonia</b> DUE TO (B) <b>Carcinomatosis</b> DUE TO (C) <b>Carcinoma of the Cervix Uteri</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b> <b>5 mos</b>		19. DATE OF OPERATION <b>Sept 5/52</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the Cervix Uteri</b>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3/8</b> , 19 <b>52</b> , to <b>3-9</b> , 19 <b>52</b> ; that I last saw the deceased alive on <b>3/9</b> , 19 <b>52</b> ; and that death occurred at <b>6:45 A. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Jerome Kaufman</b> M. D.		23B. ADDRESS <b>Sinai Hospital</b>	
23C. DATE SIGNED <b>3/9/52</b>		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>March 13/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Balta. County</b>		DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 10 1952</b>	
REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>John W. Welfer</b>	
ADDRESS <b>401 S. Chester</b>			

U.S. DEPT. OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D.C.

IN RE: [Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

[Illegible Name]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 2377

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) Anne Oliver

2. DATE OF DEATH Mar 8-1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE md. B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE  
3002 Beverly Rd.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
Baltimore

c. Length of stay in Baltimore  
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)  
3002 Beverly Rd.

5. SEX F 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH May 11-1861 9. AGE (In years last birthday) 90 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Governess - Ret.

11. BIRTHPLACE (State or foreign country) Ireland. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME  
James Oliver

14. MOTHER'S MAIDEN NAME  
Jane ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
None

17. INFORMANT ADDRESS  
Elizabeth Robinson 3002 BEVERLY

18. 447X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH  
(A) Arteriosclerotic Cardio-vascular-renal disease  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1947, to March 7, 1952, that I last saw the deceased alive on 3-7-, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE  
Huntington C. Halliwell

23B. ADDRESS  
2117 Belair Rd, Balto 13 23C. DATE SIGNED  
3-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE  
3/11/52

24C. NAME OF CEMETERY OR CREMATORY  
St. Mary's Cemetery

24D. LOCATION (City, town, or county) (State)  
Harford Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR  
MAR 10 1952

REGISTRAR'S SIGNATURE  
Huntington Halliwell

25. FUNERAL DIRECTOR ADDRESS  
Wm. Cook, Inc. 1217 St. Paul St.

MEDICAL CERTIFICATION



STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,  
January 10, 1911.

REPORT OF THE  
COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1910.

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK  
PRINTING OFFICE, 1911.

RECEIVED JAN 11 1911

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

IN SENATE,

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ALBANY:

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PRINTING OFFICE, 1911.

RECEIVED JAN 11 1911

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL



656  
52 2378  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2378

1. NAME OF DECEASED (Type or Print) <i>Michael Warner</i>			2. DATE OF DEATH <i>Mar. 8 52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Ind.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write FULL NAME and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>813 Burgundy St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>- S</i>	8. DATE OF BIRTH <i>7-1-34</i>		9. AGE (In years, last birthday) <i>17</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nears Employed</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>Riley D. Warner Sr.</i>			14. MOTHER'S MAIDEN NAME <i>Myrtle Regg</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>754.21</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Thrombosis, multiple, left cerebral cortex</i> DUE TO (B) <i>Congenital defect inter</i> DUE TO <i>Ventricular septum</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i>  <i>17 years</i>
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II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
*Congenital lobulation, liver*

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Feb. 23, 1952* to *Mar. 8, 1952* that I last saw the deceased alive on *Mar 8, 1952* and that death occurred at *11:2* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Richard S. Ross</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>3/8/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/10/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 10 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm. R. R. Inc. 1217 St. Paul St.</i>
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600  
52 2379  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2379

1. NAME OF DECEASED (Type or Print) George H. Bauer			2. DATE OF DEATH March 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3211 E. Baltimore Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3211 E. Baltimore Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1912	9. AGE (In years last birthday) 38	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME George A. Bauer		
14. MOTHER'S MAIDEN NAME Sophia C. Heck			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		
16. SOCIAL SECURITY NO. W.W.II			17. INFORMANT ADDRESS Mrs. Catherine C. Bauer, 3211 E. Baltimore		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 161X I Carcinoma of larynx--far advanced DUE TO (A) Carcinoma of larynx--far advanced (B) None (C) None INTERVAL BETWEEN ONSET AND DEATH anywhere from 8 to 12 months			19. CAUSE OF DEATH DUE TO (A) Carcinoma of larynx--far advanced (B) None (C) None		
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None			21. DATE OF OPERATION None		
22. MAJOR FINDINGS OF OPERATION Received deep x-ray therapy at Vet. Hosp. Ft. Howard recently.			23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		26. WHERE DID INJURY OCCUR? None	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY None		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR? None	
30. I hereby certify that I attended the deceased from Nov. 24, 1951, to March 8, 1952 that I last saw the deceased alive on March 8, 1952 and that death occurred at 7 m., from the causes and on the date stated above.					
31. SIGNATURE Albert Steiner			32. ADDRESS 1308 Eutaw Place		33. DATE SIGNED 3-10-52
34. BURIAL, CREMATION, REMOVAL (Specify) burial		35. DATE 3/11/52	36. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		37. LOCATION (City, town, or county) (State) Baltimore, Maryland
38. DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1952		39. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		40. FUNERAL DIRECTOR ADDRESS Wm. Cook & Co., 3217 St. Paul Street	



400  
52 2380BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2380

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John Schlee</i>			2. DATE OF DEATH <i>Mar 8, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Asst. C</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>26-44</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 24</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3600 Easton Place</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7-10-86</i>		9. AGE (In years, last birthday) <i>65</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer - Pensioned</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bethlehem Steel Co. Shipyard</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>Frederick Schlee</i>			14. MOTHER'S MAIDEN NAME <i>- Hoke</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>213-07-3091</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>Hx 0.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Posterior Myocardial Infarction</i> DUE TO (A) <i>Acute Posterior Myocardial Infarction</i> DUE TO (B) <i>Atherosclerotic Heart Disease</i> DUE TO (C) <i>Atherosclerotic Heart Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>10 yrs +</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *3-6-*, 19*52* to *3-8-*, 19*52*, that I last saw the deceased alive on *3-8-*, 19*52*, and that death occurred at *8:05 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Richard S. Ross* M. D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *3/8/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-11-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Morland Memorial Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Taylor Ave. Balto.-Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 10 1952</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington, Williams, &amp; Co. John C. Nichols, Inc. 2435 East Olmsted</i>	

0025

82

0025

Case of [illegible]  
[illegible]  
[illegible]

[illegible]

2/1/12

James S. [illegible]



420

52 2381

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2381

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mrs. Frances Falise</b>			2. DATE OF DEATH <b>March 8, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Bon Secours Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-16</b>		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3425 Royce Ave.</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3-6-67</b>		9. AGE (In years last birthday) <b>85</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Jim Centinio</b>			14. MOTHER'S MAIDEN NAME <b>Rosario Shantanaro</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ? ADDRESS <b>Mr. Samuel Falise, husband, 3425 Royce Ave.</b>		

18. **450.0 and E903.0** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchopneumonia**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) **Arteriosclerosis**

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

INTERVAL BETWEEN ONSET AND DEATH

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Left hip fracture**

19A. DATE OF OPERATION <b>11/28/51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Fracture Hip</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>3425 Royce Ave.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Nov. 25/51</b> m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Pl. fell at home.</b>	
22. I hereby certify that I attended the deceased from <b>Mar. 2, 1952</b> to <b>Mar. 8, 1952</b> , that I last saw the deceased alive on <b>Mar. 8, 1952</b> , and that death occurred at <b>9.35 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>D. Scholer</b>		23B. ADDRESS <b>Bon Secours Hosp.</b>		23C. DATE SIGNED <b>3/21/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3/12/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	
				24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 10 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>L. J. Ruck, 75305 Harford Road</b>	ADDRESS
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VS 150

N-820.1

MEDICAL CERTIFICATION



WEST VIRGINIA UNIVERSITY

WEST VIRGINIA UNIVERSITY

WEST VIRGINIA UNIVERSITY

WEST VIRGINIA UNIVERSITY

WEST VIRGINIA UNIVERSITY

460  
52 2382

52 2382

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Theodore B. Huller

2. DATE  
OF  
DEATH

3/8/52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore  
C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) Rural

D. STREET ADDRESS (If rural, give location)

4209 S.W. Blvd. 5300

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

14. MOTHER'S MARRIED NAME

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) Pulmonary Embolism  
DUE TO Generalized arteriosclerosis  
(B) Aneurysm Abdominal aorta  
DUE TO  
(C)

5 min

?

Wound dehiscence, Abscess of an abscess, Lung abscess, plebrosis, Abdominal aortic aneurysm, Wound dehiscence

15 days, 20 yrs, 2 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1952, to 3/8, 1952, that I last saw the deceased alive on 3/8, 1952, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

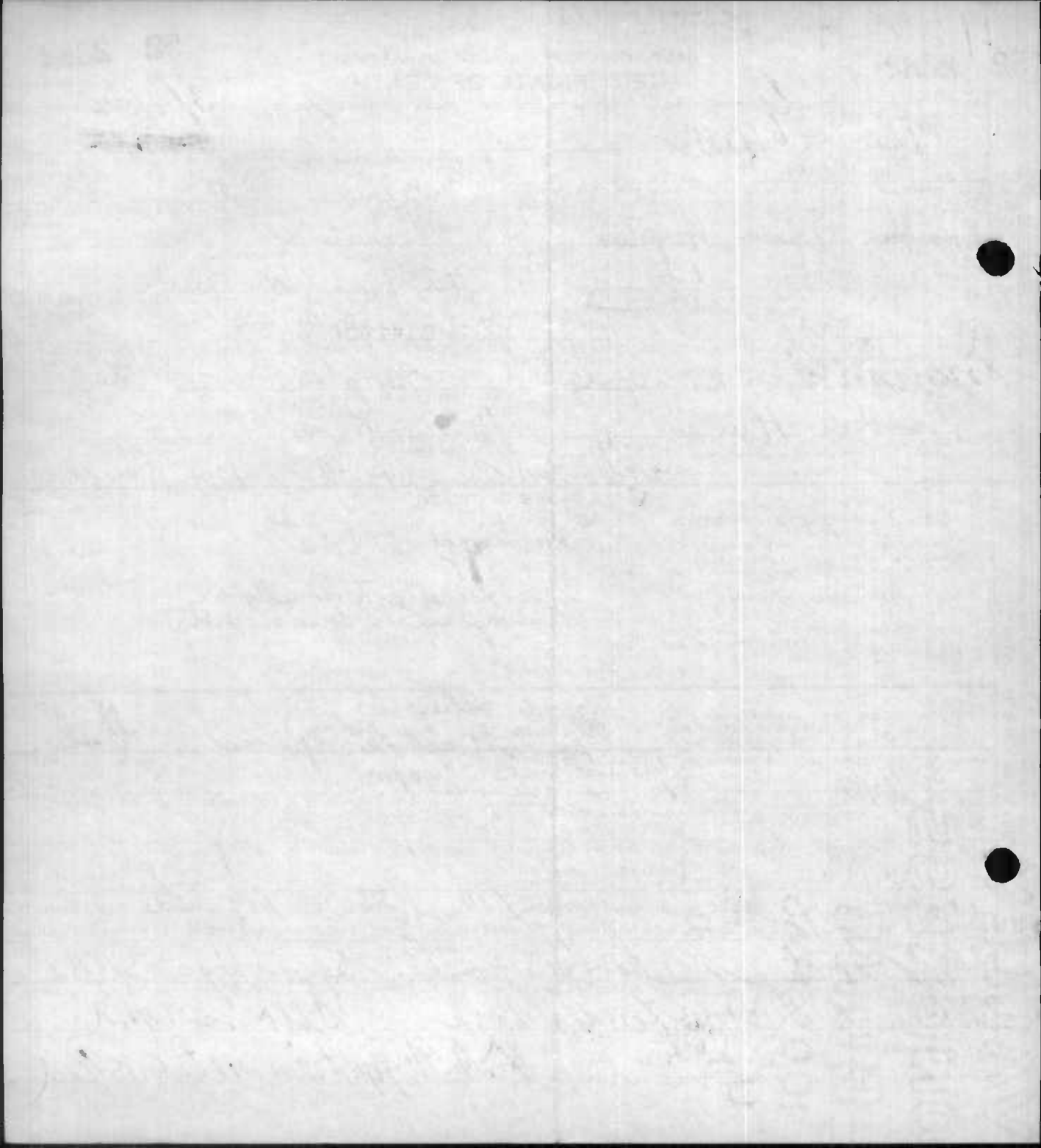
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952 Huntington Williams, M.D. 2510 S.W. Blvd. Baltimore, Md.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2383**

**620**  
**52 2383**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>SEWELL VERNON PRICE</b>		2. DATE OF DEATH <b>March 7, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore Co.</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Timonium, Md.</b>	
D. STREET ADDRESS (If rural, give location) <b>York Road</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 10, 1923</b>		9. AGE (in years last birthday) <b>28</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ship Ceiler</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Oricle Ship Building</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Arthur T. Price</b>		14. MOTHER'S MAIDEN NAME <b>Mary E. Jones</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WW II</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Mary L. Price, Timonium, Maryland</b>		ADDRESS	

18. <b>E852X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fracture of skull</b> <b>EXPLORE</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(A) Craniocerebral injury</b> <b>(B)</b> <b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>ship</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Ship at Pier #7 Locust Point</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>March 7, 1952 9:30<sup>p.</sup>m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Fell off ladder into hold of ship</b>	
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said <b>Autopsy, Inspection or Inquiry</b> , find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley K. Dineen</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>March 8, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Mar. 11, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Jessop's Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Cockeysville, Md.</b>		25. FUNERAL DIRECTOR <b>John Burns' Sons, Towson, Md.</b>			

26. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		27. ADDRESS <b>John Burns' Sons, Towson, Md.</b>	
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VS 151 **N-803.2** **570 3U** **172** ✓



450  
52 2384BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2384  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elizabeth Fairbanks Kellum

2. DATE  
OF  
DEATH March 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION 2846 N. Calvert St.c. Length of stay in Baltimore  
life Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE Maryland B. COUNTY noneC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore 1203D. STREET ADDRESS (If rural, give location)  
2846 N. Calvert St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

Oct. 20, 1888

9. AGE (In years  
last birthday)

63

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Schoolteacher - Latin

10B. KIND OF BUSINESS OR

Western High School  
Baltimore Pub. Sch.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William Hollis Kellum

14. MOTHER'S MAIDEN NAME

Emma Burnett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Miss Grace H. Kellum 2846 N. Calvert St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

## CAUSE OF DEATH

Carcinoma of the  
Rectum & metastases.

(B) .....

DUE TO

(C) .....

INTERVAL BETWEEN  
ONSET AND DEATH1st Operation  
1948.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1948 to Mar. 9, 1952, that I last saw the  
deceased alive on Mar. 9, 1952, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

6 E. Eager St.

23C. DATE SIGNED

3 - 10 - 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
burial

24B. DATE

3 - 12 - 52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams

John O. Mitchell &amp; Sons, Inc. - 1900 Eutaw Place

1868 \$2

1868

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-635  
52 2385BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2385

BIRTH NO. 52-05378

1. NAME OF DECEASED  
(Type or Print)

Baby Martin

2. DATE  
OF  
DEATH

3/10/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTRUCTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
HerefordD. STREET ADDRESS (If rural, give location)  
5300

C. Length of stay in Baltimore

3

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/7/52

9. AGE (in years  
last birthday)10 Under 1 Year  
Months: Days

2

11 Under 24 Hours  
Hours: Min.

21

57

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Webster Martin

14. MOTHER'S MAIDEN NAME

Frances Ruth Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Parkson Maryland

18. 760.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Intracranial edema & hemorrhage 3 days  
DUE TO Forceps delivery

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Preeclampsia of mother  
DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7 / 1952 to 3/10 / 1952, that I last saw the  
deceased alive on 3/10 / 1952, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

P. Ladamid

M. D.

Maryland General Hospital

3/10/52

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 12/1952

Middletown Cemetery

Freeland

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1952

Huntington Williams

J. Jacoby

New Freedom, Pa.

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52 2386BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

52 2386

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

MAGGIE TWILLEY

2. DATE  
OF  
DEATH

3-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE ☒ MARRIED ☐WIDOWED ☐ DIVORCED (Specify)

8. DATE OF BIRTH

1890-

9. AGE (In years  
last birthday)

62

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H.S.W.F.

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

WASHINGTON DAVIS

14. MOTHER'S MAIDEN NAME

JULIA LEWIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH157X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) GENERALIZED METASTASIS

3 mos.?

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE, (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) CARCINOMA PANCREAS-

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-1951 to 3-10-1952 that I last saw the  
deceased alive on 3-10-1952 and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. H. H.

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3-10-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/52

24C. NAME OF CEMETERY OR CREMATORY

New Hope

24D. LOCATION (City, town, or county)

Willsboro Ind.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2500 N. 2nd St. S. L. S. L.

MAR 11 1952



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self Employed

10B. KIND OF BUSINESS OR INDUSTRY

Commercial Artist

13. FATHER'S NAME

John Isenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

\_\_\_\_\_

2. DATE OF DEATH

Mar. 10, 1952

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

422 Moore St.

8. DATE OF BIRTH

3-9-77

9. AGE (In years last birthday)

75

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

Pa.

14. MOTHER'S MAIDEN NAME

Mary Heffner

17. INFORMANT

JOHNS HOPKINS HOSPITAL

**CAUSE OF DEATH**

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of Esophagus

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

3/8/52

19B. MAJOR FINDINGS OF OPERATION

Anterior Thoracic Esophagus plasty.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

\_\_\_\_\_

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

\_\_\_\_\_

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

\_\_\_\_\_

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

\_\_\_\_\_

22. I hereby certify that I attended the deceased from 3-2-1952 to 3-10-1952, that I last saw the deceased alive on 3-10-1952 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Warren A. Cloherty, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/13/52

24C. NAME OF CEMETERY OR CREMATORY

Fairview

24D. LOCATION (City, town, or county) (State)

Huntingdon, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Wm. J. Trickett Sons, Balto., Md.

25. FUNERAL DIRECTOR

\_\_\_\_\_

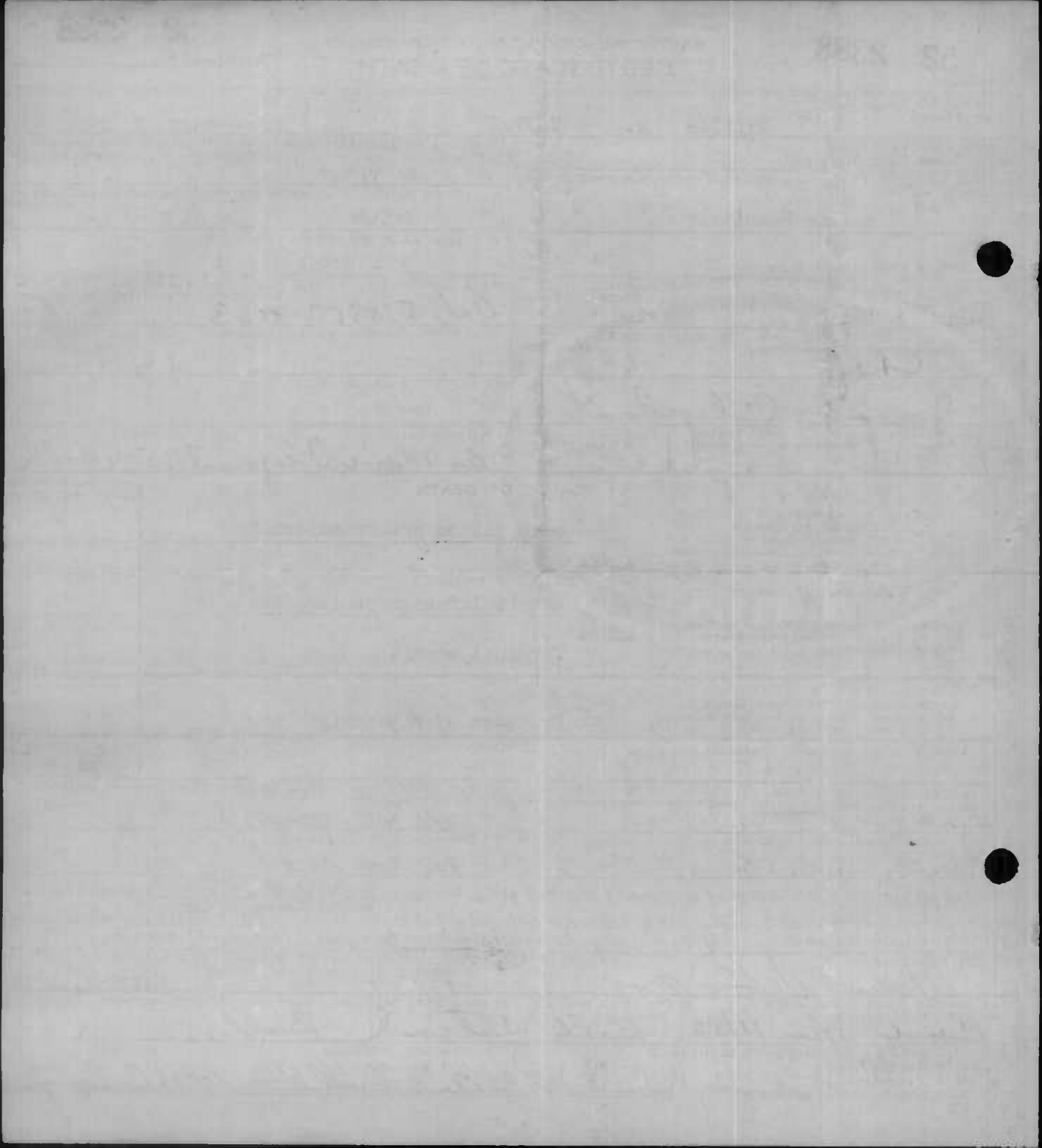
MEDICAL CERTIFICATION





1210-





623 52 2389  
VMC-98443BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2389

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Adam Christman

2. DATE  
OF  
DEATH

3-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

No Home

c. Length of stay in Baltimore

50 Yrs.

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

Jan. 9, 1875

9. AGE (In years  
last birthday)

77

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

Steel Mill

11. BIRTHPLACE (State or foreign country)

Ill.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Chris Christman

14. MOTHER'S MAIDEN NAME

Margaret Snider

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Records Baltimore City Hospitals  
4940 Eastern Avenue

18. 151X 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

Bronchopneumonia

2 Days

(A) Pulmonary Edema

2 Days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

Cirrhosis of liver

?

(B) Ascites - 7000cc (purulent)

?

Ca of Stomach - extension into pancreas &amp; liver ?

(C) Metastatic Ca of liver

?

Generalized peritonitis

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10-1946 to 3-8-1952, that I last saw the  
deceased alive on 3-8-1952, and that death occurred at 12:38 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Hogan M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-10-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

May 11/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balt

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2004 Orleans

VS 150

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OFFICE OF THE

RECEIVED

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2400  
52 2390BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2390

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Riley, Mrs Alveta</i>			2. DATE OF DEATH <i>9 Mar 52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home &amp; Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dundalk</i>		
C. Length of stay in Baltimore <i>73</i>			D. STREET ADDRESS (If rural, give location) <i>2601 Liberty Parkway</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>23 Oct 1877</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. FATHER'S NAME <i>Foster, Mr Franklin</i>		
14. MOTHER'S MAIDEN NAME <i>Davis, Sarah</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO. <i>—</i>			17. INFORMANT <i>Mrs Alveta Riley</i>		
18. ADDRESS <i>Same</i>			19. ADDRESS <i>Same</i>		

18. <i>584X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Intestinal obstruction</i> DUE TO (B) <i>Gall stone in Small intestine</i> DUE TO (C) <i>Cholelithiasis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>  <i>untkn</i>
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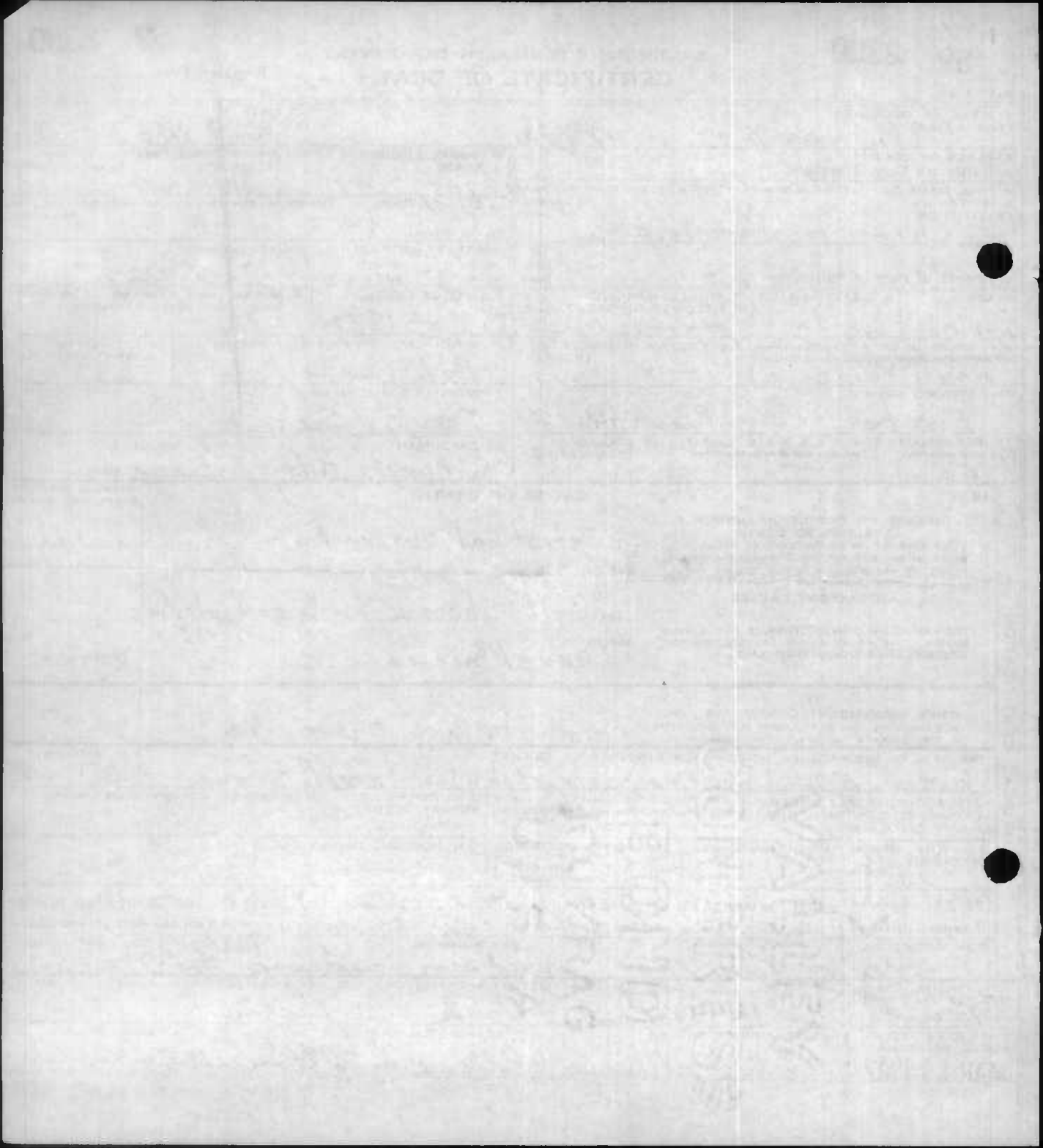
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Renal failure & Uremia*

19A. DATE OF OPERATION <i>6 Mar 52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Intestinal obstruction due to Gall stone</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6 Mar*, 19*52* to *9 Mar*, 19*52* that I last saw the deceased alive on *9 Mar*, 19*52* and that death occurred at *2:53* Am., from the causes and on the date stated above.

23A. SIGNATURE <i>Doreen C. Casberg</i>	M. D. <i>Church Home &amp; Hosp</i>	23B. ADDRESS <i>Balto</i>	23C. DATE SIGNED <i>9 Mar 52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 12/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto</i>

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 11 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. J. Williams</i>	ADDRESS <i>2412 Dundalk</i>
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530  
52 2391BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2391  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rose Lando

2. DATE  
OF  
DEATH

March 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3017 Woodland Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-16

D. STREET ADDRESS (If rural, give location)

3017 Woodland Avenue

C. Length of stay in Baltimore

45 yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct 12, 1875

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Abraham Sudersky

14. MOTHER'S MAIDEN NAME

Hinda Lipsitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Alice Lando- 3017 Woodland Avenue

18. 422.1 I CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Cerebral Vascular Accident about 6 mo.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

Anterior cholelithiasis VD.

years

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about 1935, to 3-9, 1952, that I last saw the  
deceased alive on 3-6, 1952, and that death occurred at 7 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

B. Highstein

M. D.

888 W. Lombard St

3-10-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/11/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

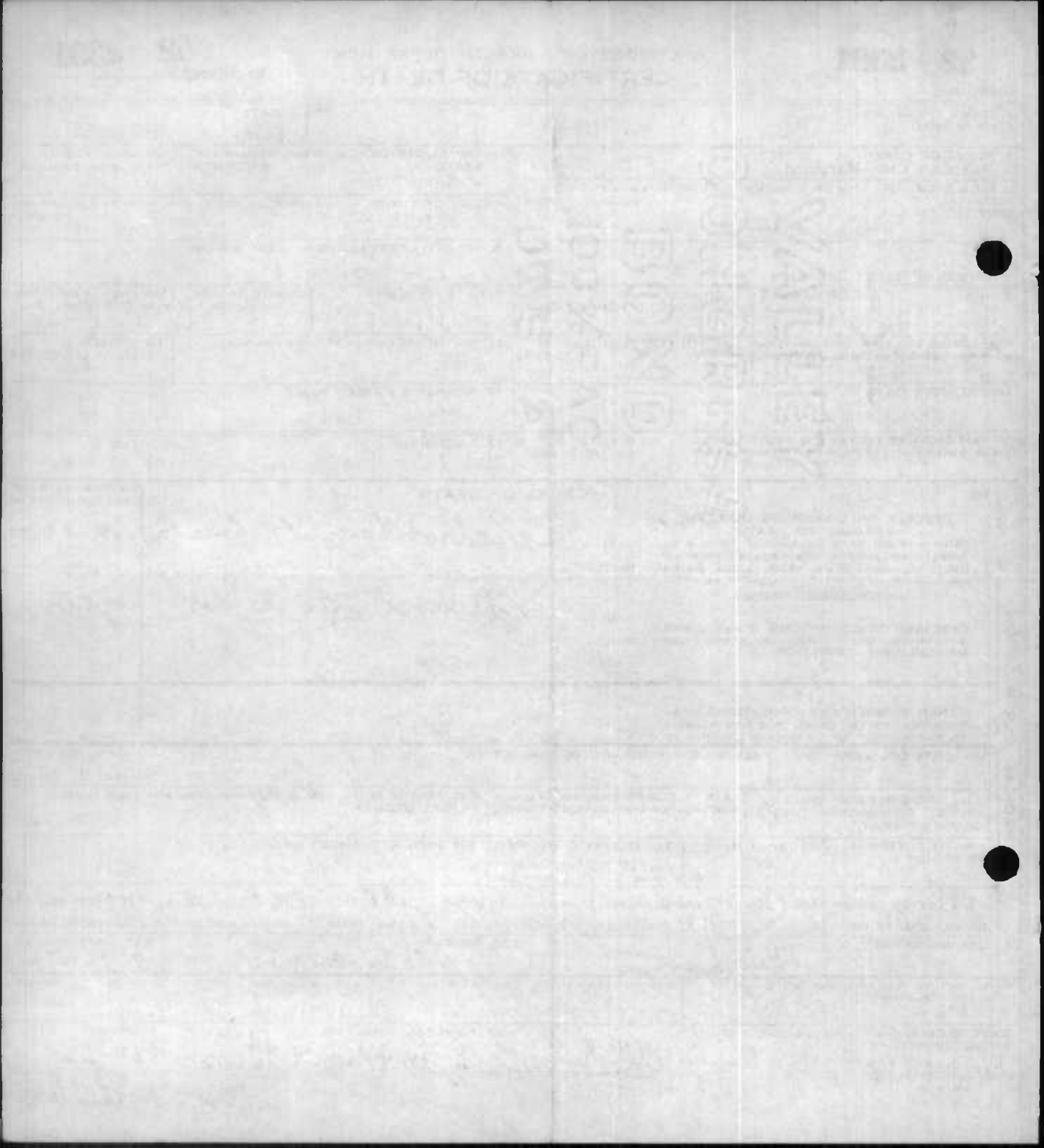
ADDRESS

MAR 11 1952  
VS 150

Huntington Williams, M.D.

Sol Levinson &amp; Bros - 1124-26

937 W. North Ave





BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KONSTANTY TETKOWSKI

2. DATE  
OF  
DEATH

MARCH 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

6722 ROBERTS AVE

C. Length of stay in Baltimore

45 YRS

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NAIL MACHINE OPER.

10B. KIND OF BUSINESS OR INDUSTRY

BETHLEHEM, STL.

13. FATHER'S NAME

JOHN TETKOWSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

YES

16. SOCIAL SECURITY NO.

MILL

8. DATE OF BIRTH

3/11/1888

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

- DUMSKA

17. INFORMANT

ADDRESS 6722

MARY TETKOWSKI ROBERTS

18. 420.01

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

0

ANTECEDENT CAUSES

(B)

Sclerotic Heart Disease

DUE TO

About

5 Yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 9, 1947, to March 9, 1952 that I last saw the deceased alive on March 8, 1952, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M.D.

516 Cathedral St.

3/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/12/52

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART OF MARY

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1952

Huntington Williams, M.D.

Walter Dabowski

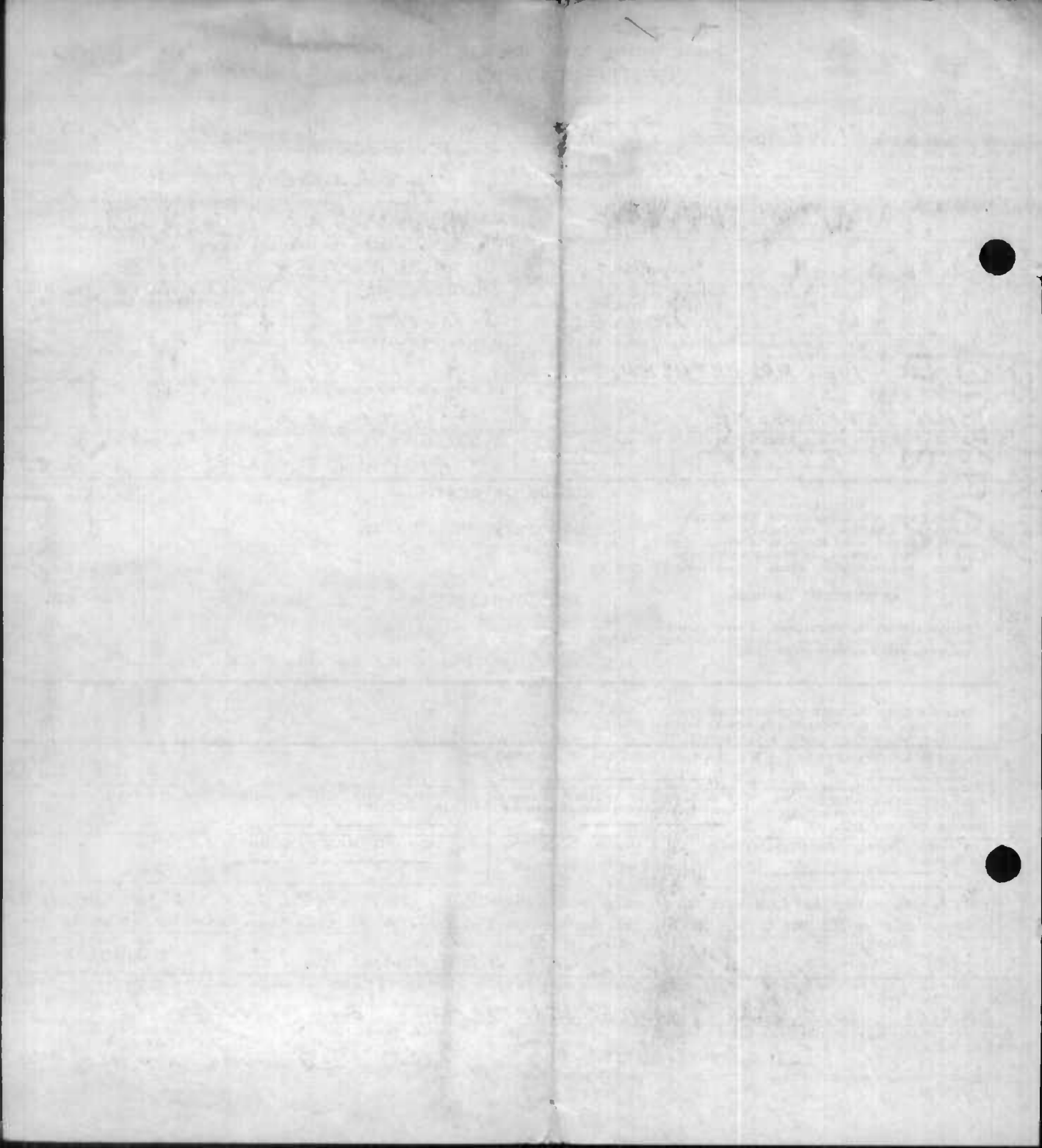
1001 A PUNDALK AVE.

VS 150

690 3A

93D

MEDICAL CERTIFICATION



52 2393

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2393

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY SCHWARTZ

2. DATE  
OF  
DEATH

3-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Luthern Hosp

C. Length of stay in Baltimore

44 Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Unknown

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Abraham

PRO.

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Pauline Schwartz - Same

18. 420 1 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio-sclerosis, Myocarditis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1 - 1951, to Feb 17, 1952, that I last saw the  
deceased alive on Feb 17, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Kader

23B. ADDRESS

2306 Eutaw Pl

23C. DATE SIGNED

3-10-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3-11-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Michael Lewis

ADDRESS

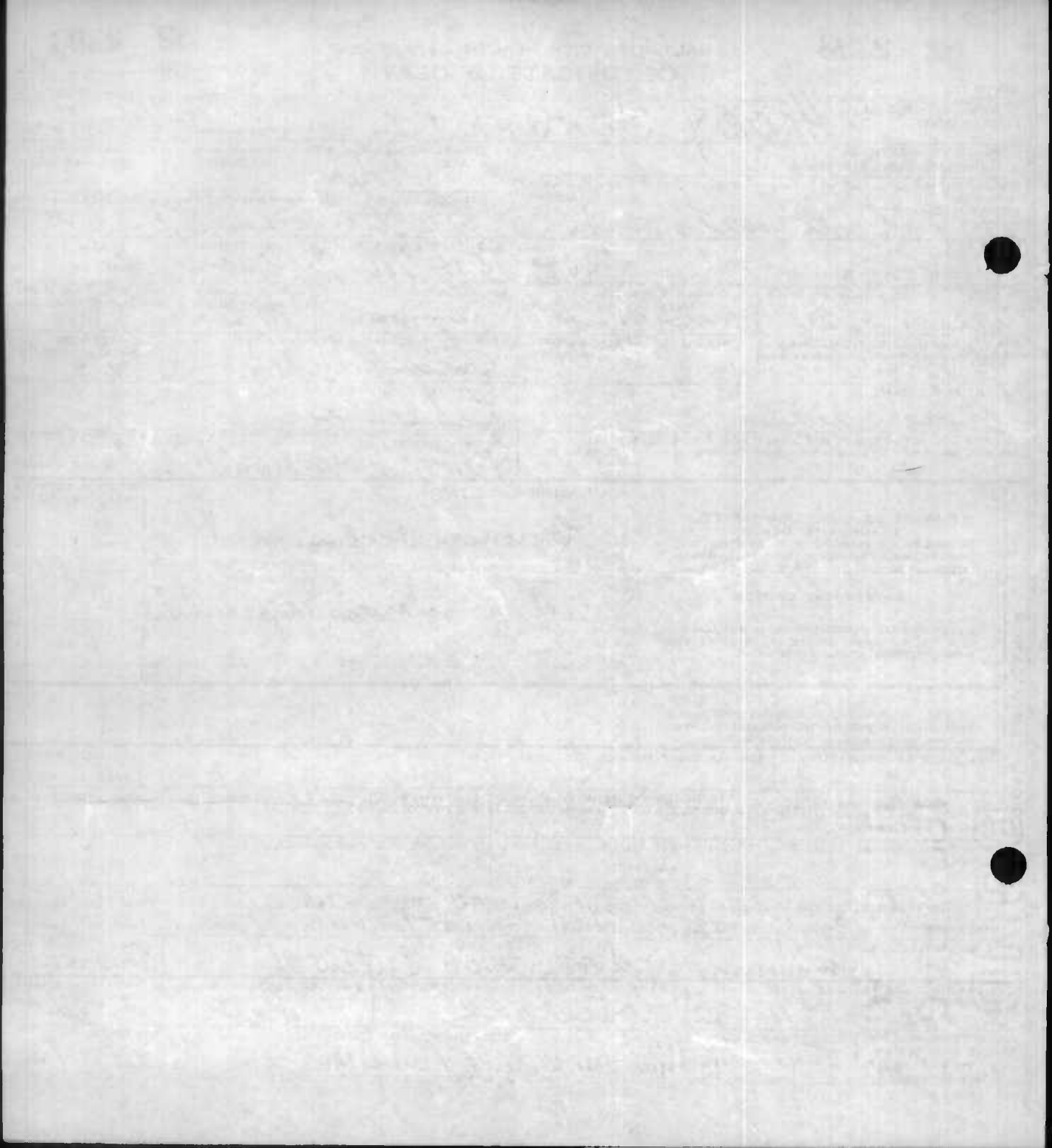
2100 Eutaw Pl

VS 150

5906 E 2391

927

MEDICAL CERTIFICATION



52 2394

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2394  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles F Hardy

2. DATE  
OF  
DEATH

March 9 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3318 Bayonne Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baito 27-44

D. STREET ADDRESS (If rural, give location)

2318 Bayonne Ave

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

NO

219-12-8740

Mrs Chas Hardy 3318 Bayonne Ave

18. I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic CVD

?

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

Bronchopneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 3-8, 1952, to 3-9, 1952, that I last saw the  
deceased alive on 3-9, 1952, and that death occurred at 1<sup>15</sup> P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1952

Huntington Williams, M.D.

Las Vegas Funeral Home 7401 Balto Rd

Dr Lipira

8400 Lock Raven Blvd.



240

52 2395

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2395  
Registered No.

BIRTH NO.

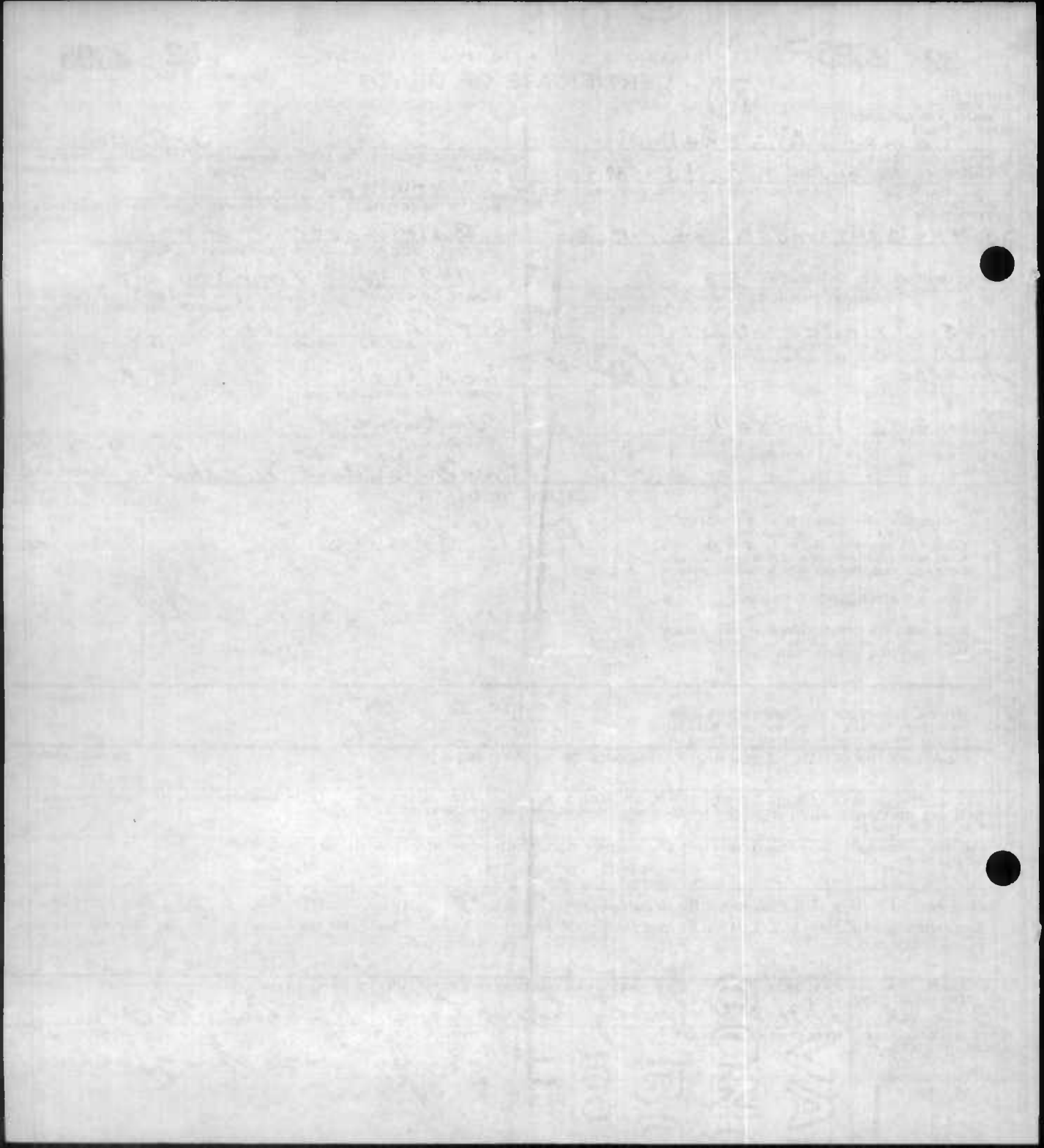
1. NAME OF DECEASED (Type or Print) <b>James Maskell</b>		2. DATE OF DEATH <b>3-9-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto., Md.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <b>South Baltimore Gen. Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>21-01</b>	
D. STREET ADDRESS (If rural, give location) <b>748 W. Hamburg St.</b>		E. LENGTH OF STAY IN BALTIMORE <b>50</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 21</b>
9. AGE (In years last birthday) <b>61</b>		10. BIRTHPLACE (State or foreign country) <b>New York</b>	
11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Thomas Maskell</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Mrs Mildred M. Maskell</b>		ADDRESS <b>48 W. Hamburg St.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>420.1 and 151X</b>		CAUSE OF DEATH (A) <b>Acute Coronary Occlusion</b> DUE TO (B) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (C) <b>Diabetes</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Carcinoma of Prostate</b> <b>Carcinoma of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Five seconds</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>0</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>0</b>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>0</b>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>0</b>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>0</b>	
22. I hereby certify that I attended the deceased from <b>March 9</b> , 1952, to <b>March 10</b> , 1952, that I last saw the deceased alive on <b>March 9</b> , 1952, and that death occurred at <b>12 midnight</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>Calvin Y. Haidich</b>		23B. ADDRESS <b>Smile Balto. Gen. Hosp.</b>	
23C. DATE SIGNED <b>3-10-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3/13/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St. John's Cross Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Pittsford N.Y.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 11 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
FUNERAL DIRECTOR <b>John J. Cowan</b>		ADDRESS <b>St. Johns</b>	

VS 150

1 4 5 2 0 0 2 3 3 3  
773 93

46B





352  
52 2396BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2396  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

878 1/2 W. Lombard St.

C. Length of stay in Baltimore

85

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

President

10B. KIND OF BUSINESS OR INDUSTRY

Peabody Co.

13. FATHER'S NAME

Adam Stengel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)

-

16. SOCIAL SECURITY NO.

-

2. DATE OF DEATH

3/9/52

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md

B. COUNTY

18-03

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

878 1/2 W. Lombard St.

8. DATE OF BIRTH

11/17/1863

9. AGE (In years last birthday)

88

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Ursula Veit

17. INFORMANT

Mr William A. Stengel

ADDRESS

878 1/2 W. Lombard St.

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

7

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio sclerosis the Cardiovascular disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1944 to Mar 8, 1952, that I last saw the deceased alive on Mar 8, 1952, and that death occurred at 7:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Carel Proctor

23B. ADDRESS

M. D. 1326 W. Lombard St.

23C. DATE SIGNED

3-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/13/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John J. Grandson

ADDRESS

98 W. Hollins St.



420  
52 2397BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2397  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE VOLK</b>		2. DATE OF DEATH <b>March 9, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>md</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>University Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 18-03</b>	
6. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>1118 W. Pratt St.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7/15/1888</b>
9. AGE (In years last birthday) <b>63</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paper Hanger</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	
11. FATHER'S NAME <b>George A. Volk</b>		12. MOTHER'S MAIDEN NAME <b>Mary R. Schwartz</b>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>-</b>		14. SOCIAL SECURITY NO. <b>-</b>	
15. INFORMANT <b>Mrs Mary Mitchell Volk</b>		16. ADDRESS <b>2353 W. Lombard St. Baltimore</b>	

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Heart Disease</b>	CAUSE OF DEATH (A) <b>Arteriosclerotic Heart Disease</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>-</b> DUE TO (C) <b>-</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>-</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said <b>Autopsy, Inspection or Inquiry</b> , find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley H. Dureacher M.D.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>March 9, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3/12/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Olivet Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>2930 Frederick Ave</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE <b>John J. Conan &amp; Lou Stollins</b>		24I. FUNERAL DIRECTOR <b>564-24</b>	

MAR 11 1952

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DEPARTMENT OF DEFENSE

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Lucy Blackstone</b>			2. DATE OF DEATH <b>March 8, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>2217 Hargrove Street</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore, 12-04</b>		
C. Length of stay in Baltimore <b>60 Years</b> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>2217 Hargrove Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 8, 1873</b>		9. AGE (In year- last birthday) <b>79</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Wallace Wanzer</b>			14. MOTHER'S MAIDEN NAME <b>Jennie ?</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Virginia Moore 2011 Hargrove Street</b>		

18. <b>331X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Emphysema</i> DUE TO _____  (B) _____ DUE TO _____  (C) _____	INTERVAL BETWEEN ONSET AND DEATH  <i>2 hrs</i>
--	--	--

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Jan 10*, 19*52*, to *Mar. 8*, 19*52*, that I last saw the deceased alive on *Mar. 7*, 19*52*, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE *Lucy Blackstone* M. D. 23B. ADDRESS \_\_\_\_\_ 23C. DATE SIGNED *Mar. 10 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>March 11, 52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>A.A. County, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 11 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Payner Sanders</i> 217 East <b>832 Preston Street</b>

MEDICAL CERTIFICATION

Page 1

RECEIVED  
JAN 10 1964  
U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C.

TO: DIRECTOR, AID

FROM: [illegible]

SUBJECT: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]



52 2399

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2399

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH BARANOWSKI

2. DATE  
OF  
DEATH

March 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

120 S. Castle Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

4-12-1902

9. AGE (In years  
last birthday)

49

10 Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR  
INDUSTRY

Balto. Transit

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Stanislaus Baranowski

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen C. Baranowski S. Castle

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cancer of the stomach  
with generalized metastases

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
3/10/5224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3-13-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Norton 3900 E. Baltimore St.

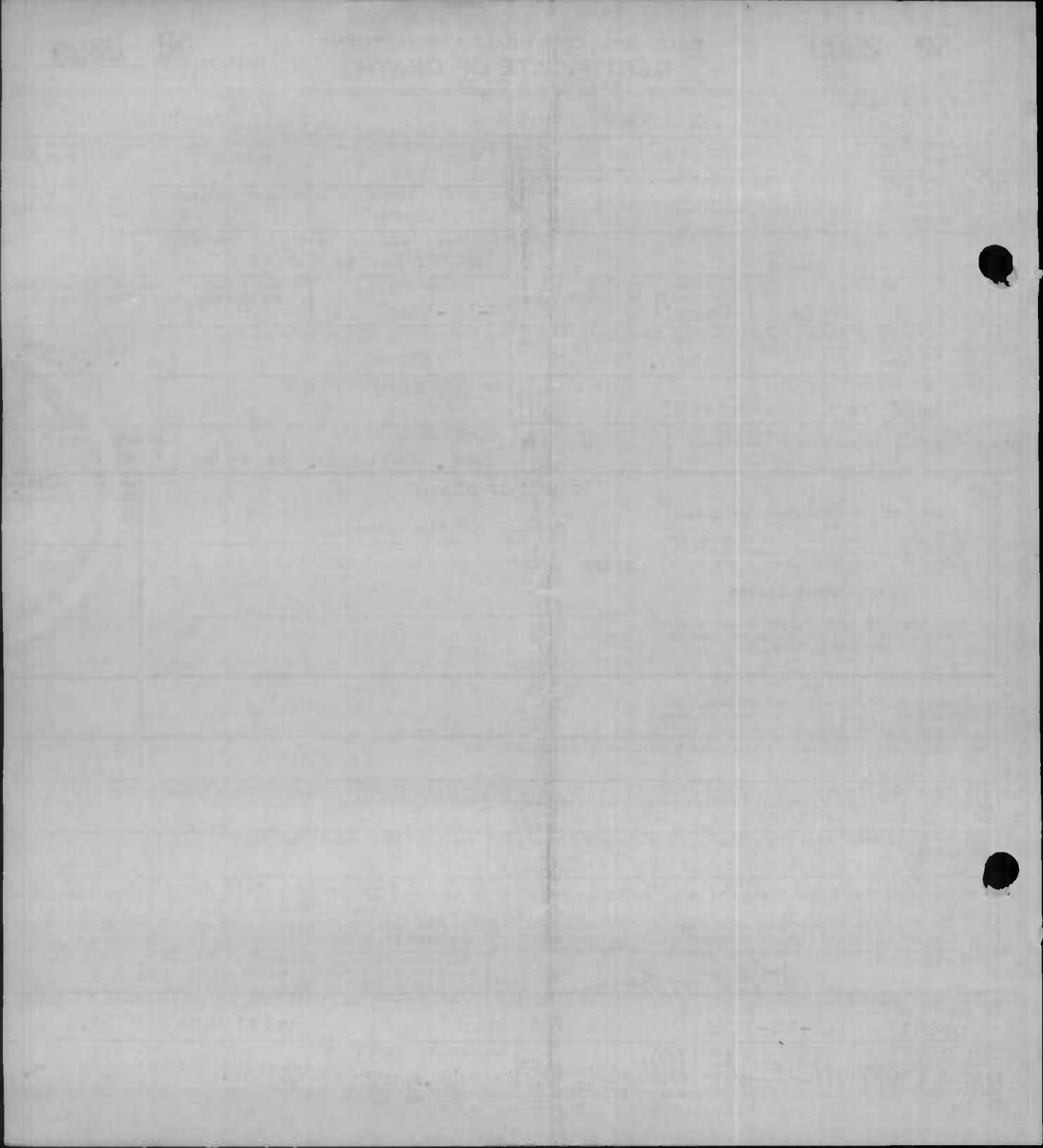
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Dr. R. B. Fisher

46 B ✓

MEDICAL CERTIFICATION



350

52 2400

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2400

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Harry Leonard Newton</b>			2. DATE OF DEATH <b>Mar. 8, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1626 Druid Hill Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b> <b>14-02</b>		
D. Length of stay in Baltimore <b>29 Yrs.</b> Yrs. _____ Mos. _____ Days _____			O. STREET ADDRESS (If rural, give location) <b>1626 Druid Hill Ave.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 15, 1893</b>	9. AGE (In years last birthday) <b>59</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elevator Operator McCormick Co.</b>			11. BIRTHPLACE (State or foreign country) <b>Overett, Va.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Elevator Operator McCormick Co.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>			16. SOCIAL SECURITY NO. <b>212-01-8866</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>W. W. 1</b>			17. INFORMANT <b>Mrs. Effie W. Newton-1626 Druid Hill Ave.</b>		

18. <b>760X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Diabetes Mellitus</b> DUE TO <b>+ Arterio-Sclerotic Vascular Disease</b> (B) _____ DUE TO <b>Coronary Thrombosis</b> (C) <b>General Arterio Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Severe years</b>
	ANTECEDENT CAUSES		

19A. DATE OF OPERATION <b>None</b>	19B. MAJOR FINDINGS OF OPERATION <b>—</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>—</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>—</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>—</b>

22. I hereby certify that I attended the deceased from <b>Feb 25, 1952</b> to <b>Mar 8, 1952</b> that I last saw the deceased alive on <b>3/7, 1952</b> , and that death occurred at <b>7 a.m.</b> , from the causes and on the date stated above.		23A. SIGNATURE <b>J. P. Hughes</b> M. O. _____	23B. ADDRESS <b>825 N. Tremont</b>	23C. DATE SIGNED <b>3/10/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Mar. 12, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto. Nat'l Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 13 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Holland Funeral Home-1631 Druid Hill Ave.</b>		

MEDICAL CERTIFICATION

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52 2401

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2401

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH FORD SMITH

2. DATE  
OF  
DEATH

March 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Marine Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-02

D. STREET ADDRESS (If rural, give location)

1631 Pennsylvania Avenue

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 4, 1900

9. AGE (In years  
last birthday)

51

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Gar tender

10B. KIND OF BUSINESS OR  
INDUSTRY

Caretaker

11. BIRTHPLACE (State or foreign country)

St. Mary's G. Md. usa.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Smith

14. MOTHER'S MAIDEN NAME

Emaline Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 4515

18. 490 x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Williams

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
March 7, 195224A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-12-1952

St. Peter Balt. Md.

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1952

Huntington Williams

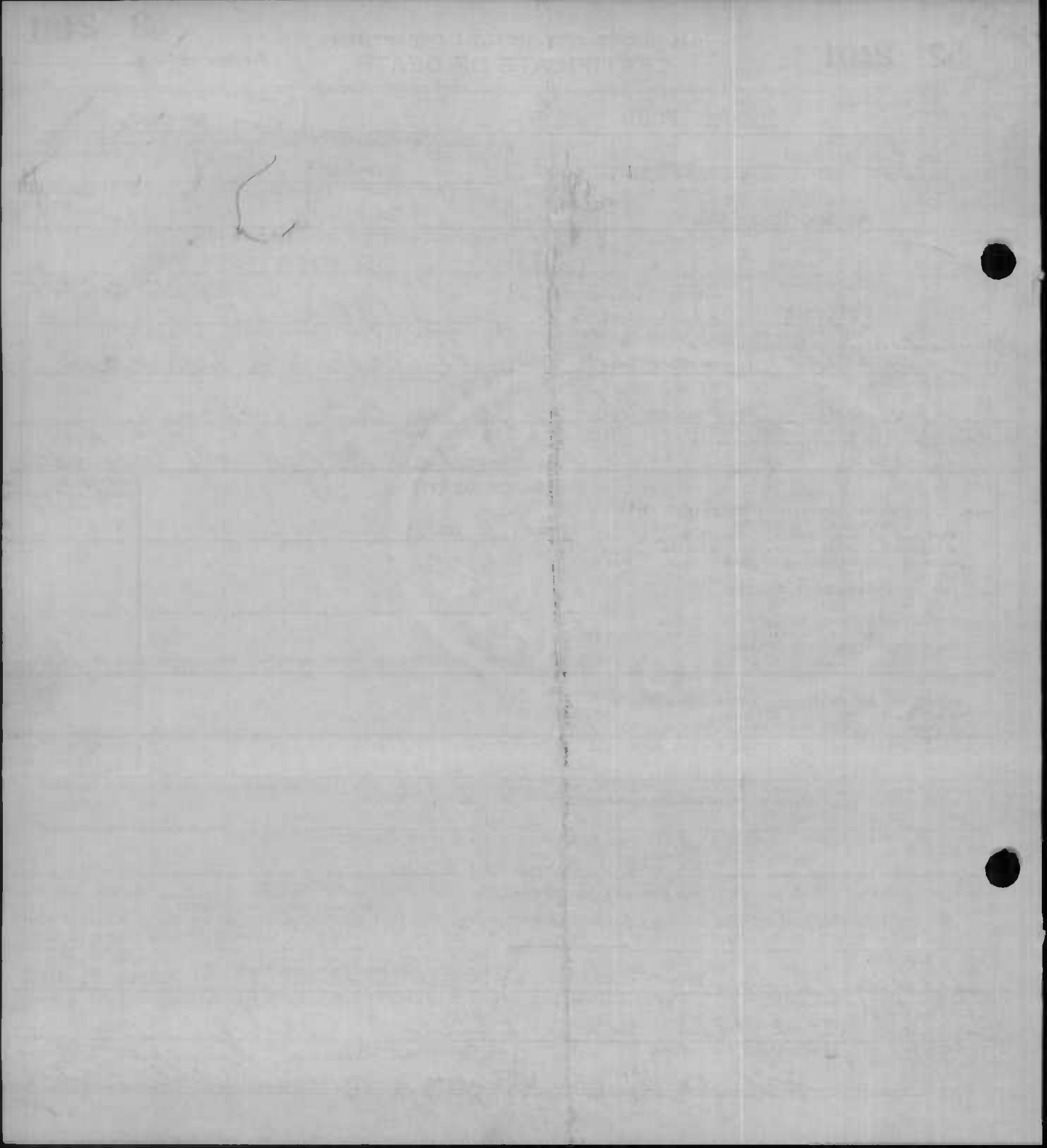
25. FUNERAL DIRECTOR

ADDRESS

VS 151

750 6M

108 V



625

CERTIFICATE CORRECTED

4-9-52

52 2402

52 2402

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mitchell N. Carson

2. DATE  
OF  
DEATH

3/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1421 Edmondson Ave.

c. Length of stay in Baltimore

39

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m.

8. DATE OF BIRTH 1903 9. AGE (In years last birth day)

Sept. 27, 1903

48

If Under 1 Year  
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Gov't

11. BIRTHPLACE (State or foreign country)

Salisbury, N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George I. Carson

14. MOTHER'S MAIDEN NAME

Annie Carr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS 1421

18.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Essential Hypertension

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

3/6/52

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK

22. I hereby certify that I attended the deceased from 3/7, 1952, to 3/7, 1952, that I last saw the deceased alive on 3/7, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Gilbert R. Barford

M. D.

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

3/10/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3-11-1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Anne Arundel Co. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Hoffland Funeral Home

ADDRESS

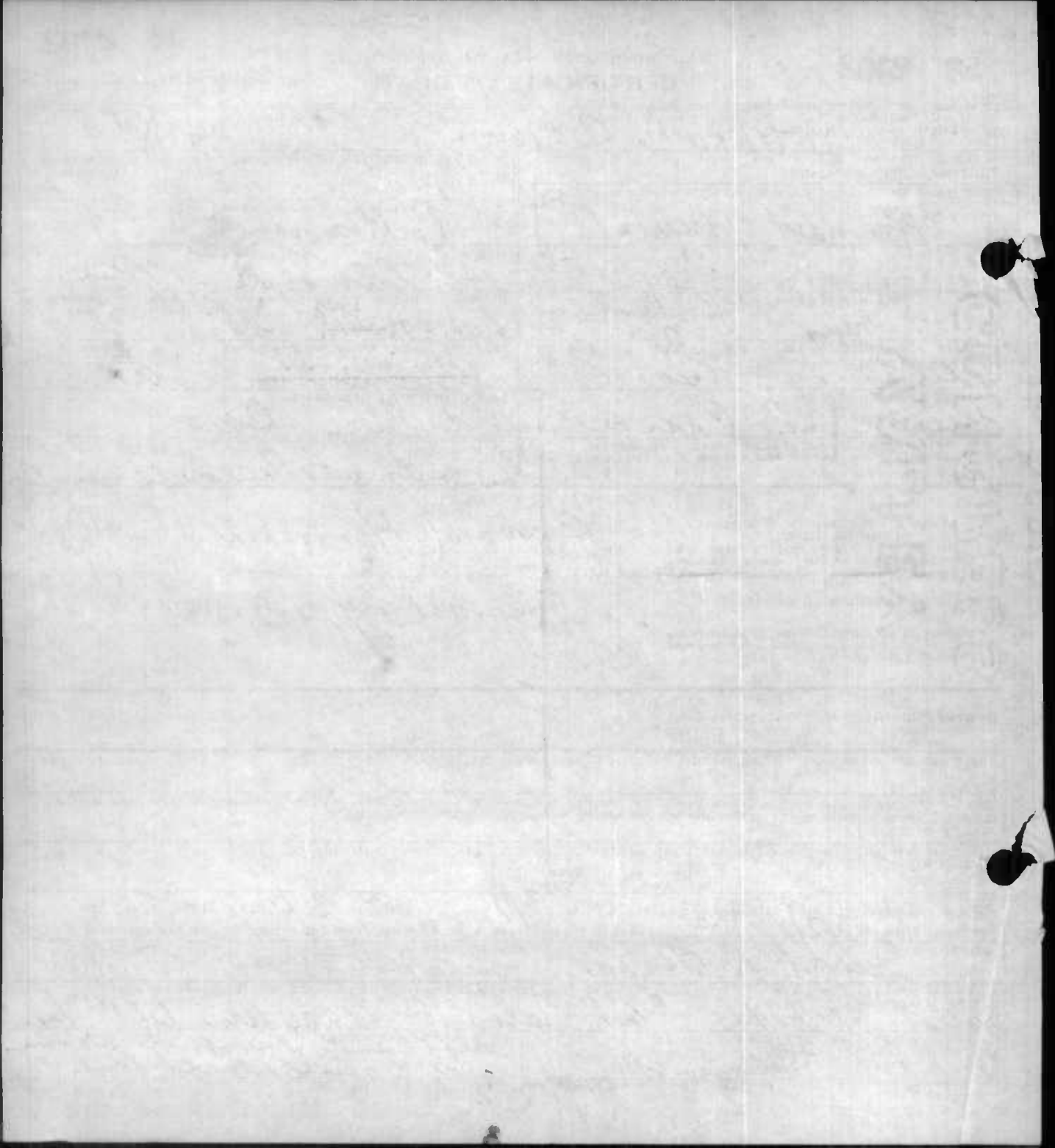
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83a

MEDICAL CERTIFICATION





52 2403

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2403

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

FRANK H. WEIDMANN

2. DATE  
OF  
DEATH

March 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3139 Fait Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-11

D. STREET ADDRESS (If rural, give location)

3139 Fait Ave.

c. Length of stay in Baltimore

About 68 Yrs.  
Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 4, 1868

9. AGE (In years  
last birthday)

84

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

Bakery-Owner

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

Weidmann

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.

-----

17. INFORMANT

ADDRESS

Elizabeth Weidmann 3139 Fait Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ HOME WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1951, to March 8, 1952, that I last saw the  
deceased alive on Aug 8, 1952, and that death occurred at 7:10 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

March 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

7225 Eastern Ave. Ba. Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

901 S. Conkling St.

VS 150

93D

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

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52 2404

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2404  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Howard P. Bankard

2. DATE  
OF  
DEATH

March 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mercy Hospital D.O.A.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Feb. 7, 1887

9. AGE (In years  
last birthday)

65

10. Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR  
INDUSTRY

General work

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Wesley Bankard

14. MOTHER'S MAIDEN NAME

Ann Touzell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

W. Hamilton Groscup 4040 Hillen Road

18. 4200 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

Myocardial Infarction

one week

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

Coronary Thrombosis

one week

Arteriosclerotic Heart Disease

Unknown

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION  
None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 3-8, 1952, to 3-8, 1952, that I last saw the  
deceased alive on 3-8, 1952, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph L. Pira

M. D.

8400 Loch Raven Blvd

3-10-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 12, 1952

Woodlawn

Baltimore Co. Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1952

Huntington Williams

Burgee Funeral Home

3631 Falls Road

VS 150

51024 Horace H. Burgee

937

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

Form 100-1

DATE OF BIRTH

PLACE OF BIRTH  
CITY AND STATE  
COUNTRY

DIVISION

REPORT MADE AT

DATE OF INTERVIEW  
BY

DATE OF REPORT

REPORT MADE BY

REPORT MADE AT

DATE OF REPORT

REPORT MADE BY

REPORT MADE AT

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21a. ACCIDENT WAS UNDER- L YING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12-1951, to 3-11-1952, that I last saw the deceased alive on 3-11-1952, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY or CREMATORY

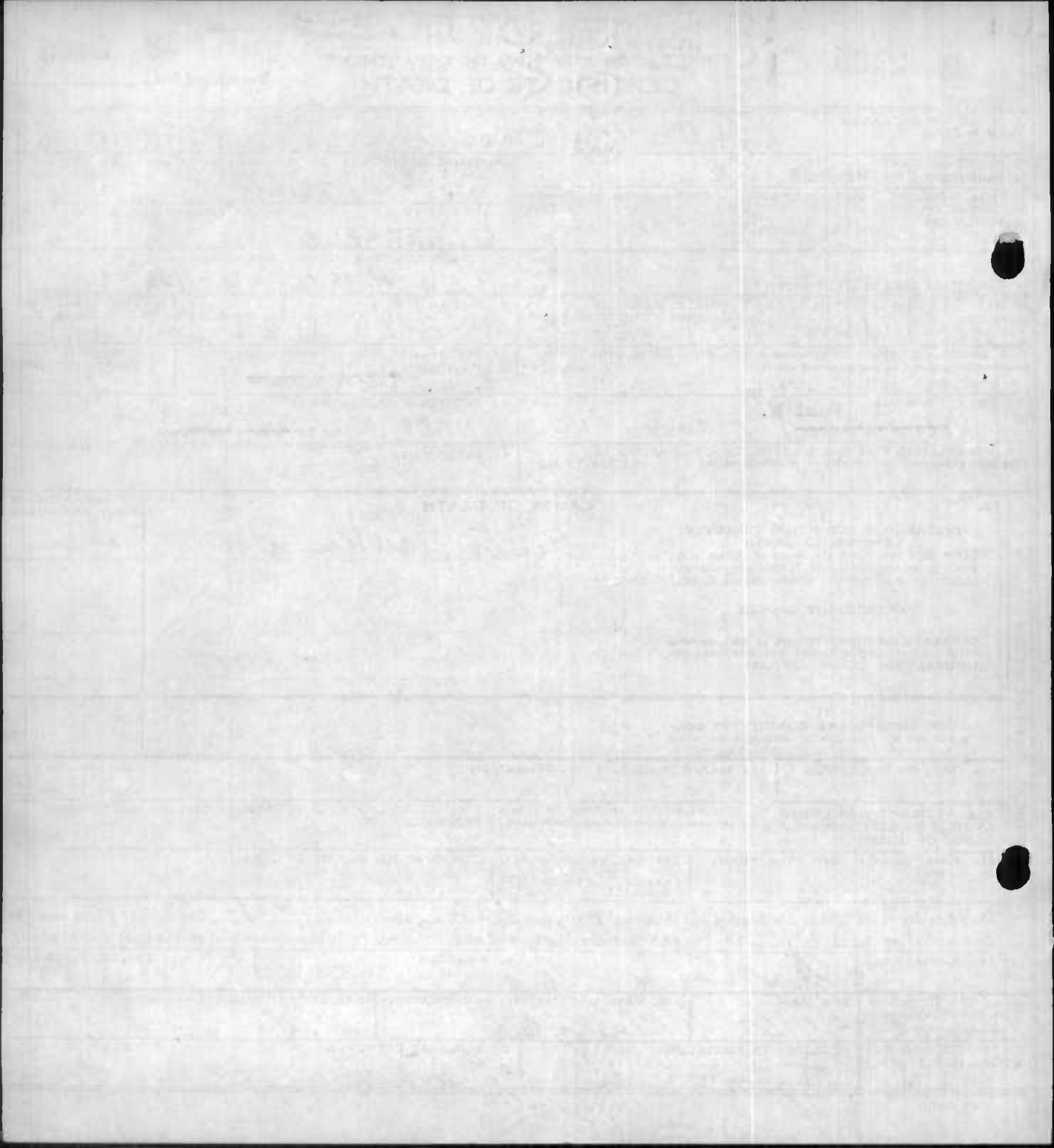
24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS





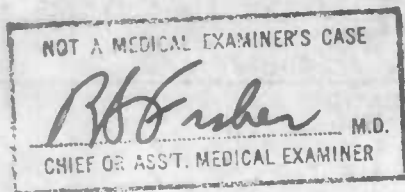


1. NAME OF DECEASED (Type or Print) <b>MARIE KRAEMER</b>		2. DATE OF DEATH <b>3/9/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>md</b> B. COUNTY <b>Prince George</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Agnes Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Riverdale 6600</b>	
6. Length of stay in Baltimore <b>53</b> Wrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>4800 Queensborough</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>7/5/1898</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Charles Lorenz</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Radford</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS <b>St. Agnes Hosp.</b>	

18. <b>420.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Myocardial Infarction</b> DUE TO (B) <b>Coronary Occlusion</b> DUE TO <b>Coronary Sclerosis</b> (C) <b>Diabetic Coma</b>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3/9</b> , 19 <b>52</b> , to <b>3/9</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3/9</b> , 19 <b>52</b> , and that death occurred at <b>11</b> <sup><b>16</b></sup> <b>p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John C. Neely</b> M. D.		23B. ADDRESS <b>St Agnes Hosp</b>		23C. DATE SIGNED <b>3/9/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3/13/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Meadowridge</b>	
24D. LOCATION (City, town, or county) (State) <b>Elkridge, Maryland</b>		25. FUNERAL DIRECTOR <b>W.W. Chamber Co. Riverdale, Md</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 11 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			

Notified Health Office  
I will approve  
Dr. Healy



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ella Jones

2. DATE  
OF  
DEATH

March 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2202 Ashton Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2202 Ashton Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 27, 1874

9. AGE (In years last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Lindsay

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn Harrison, 2549 W. Fayette Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

PULMONARY EDEMA

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

CHRONIC MYOCARDITIS

2 years.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to March 10, 1952, that I last saw the deceased alive on March 10, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Norman R. Kleiman

M. D.

23B. ADDRESS

3803 Edmondson Ave

23C. DATE SIGNED

3/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/12/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

VS 150

109520002405

93D

647

625

52 2408

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2408

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William S. PARSONS

2. DATE  
OF  
DEATH

March 10 '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Church Home &amp; Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2122 E. Lombard St. Balt.

Length of stay in Baltimore

5 yrs.

Yrs.  
Mos.  
Days

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

Oct. 21, 1883

9. AGE (In years

last birthday)

68

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

retired - miner - Stonega Coal Co.

11. BIRTHPLACE (State or foreign country)

VA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

PARSONS, Fletcher C.

14. MOTHER'S MAIDEN NAME

THOMAS - Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Daughter, 1940 E. Lombard St.

18.

470.1.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

coronary thrombosis - myocardial infarction old &amp; recent

8 mos.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis gen

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 7, 1952 to March 10, 1952 that I last saw the deceased alive on March 9, 1952 and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

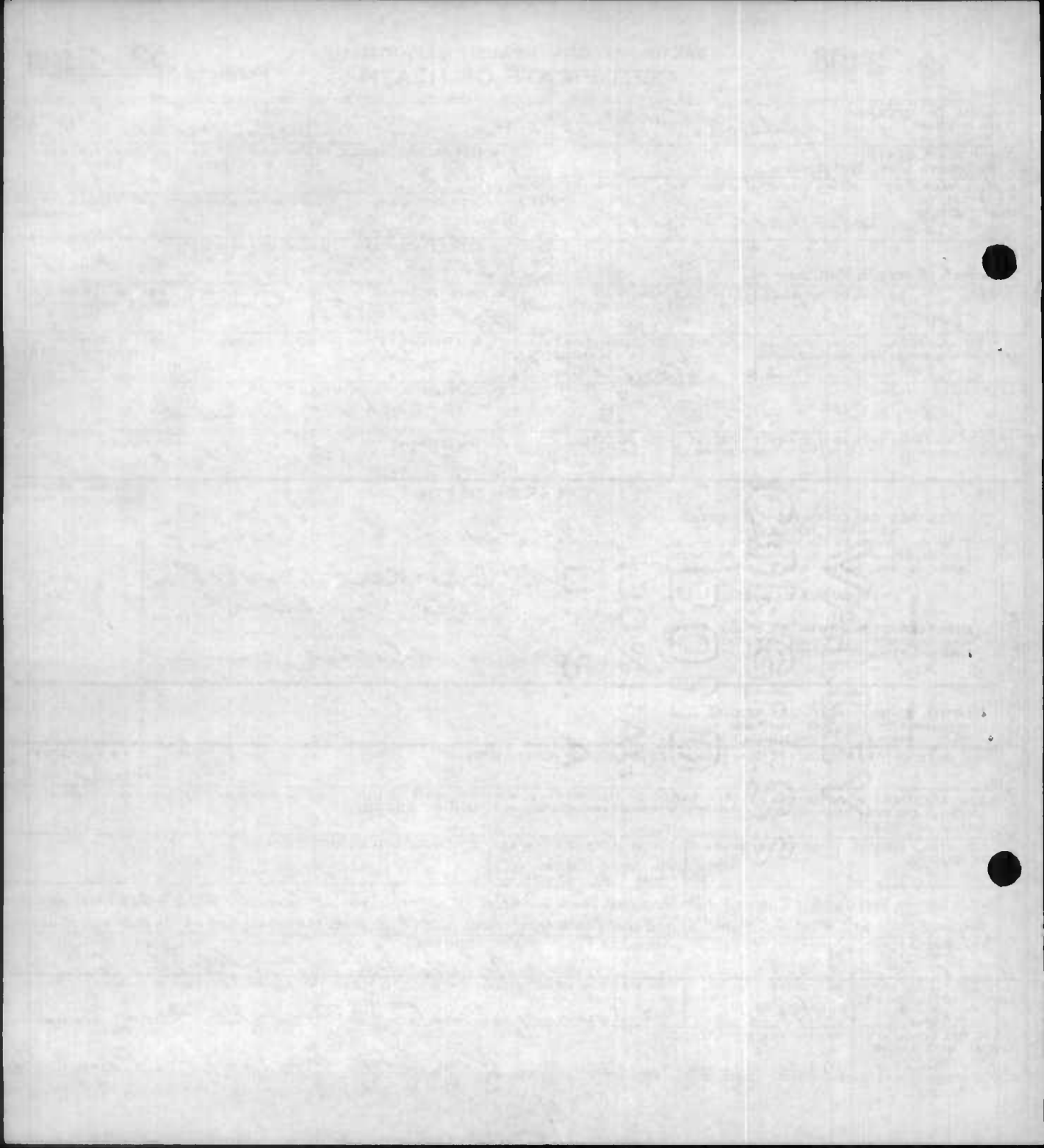
VS 150

1952

65021

94a

MEDICAL CERTIFICATION





300

52 2409

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2409

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ASA. AUD

2. DATE  
OF  
DEATH

3/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Sinai Hosp

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md

a.a.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Marley Park

D. STREET ADDRESS (If rural, give location)

Rural

5200

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/31/1880

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR  
INDUSTRY

B.O.R.R.

11. BIRTHPLACE (State or foreign country)

St. Marys Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Aud

14. MOTHER'S MAIDEN NAME

Emily Milburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

705-10-306

17. INFORMANT

Mary McGowan Washington D.C.

## CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Carcinomatous

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....

Ca of Lung

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 2/4, 1952 to 3/9, 1952 that I last saw the  
deceased alive on 3/9, 1952 and that death occurred at 11:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1952

VS 150

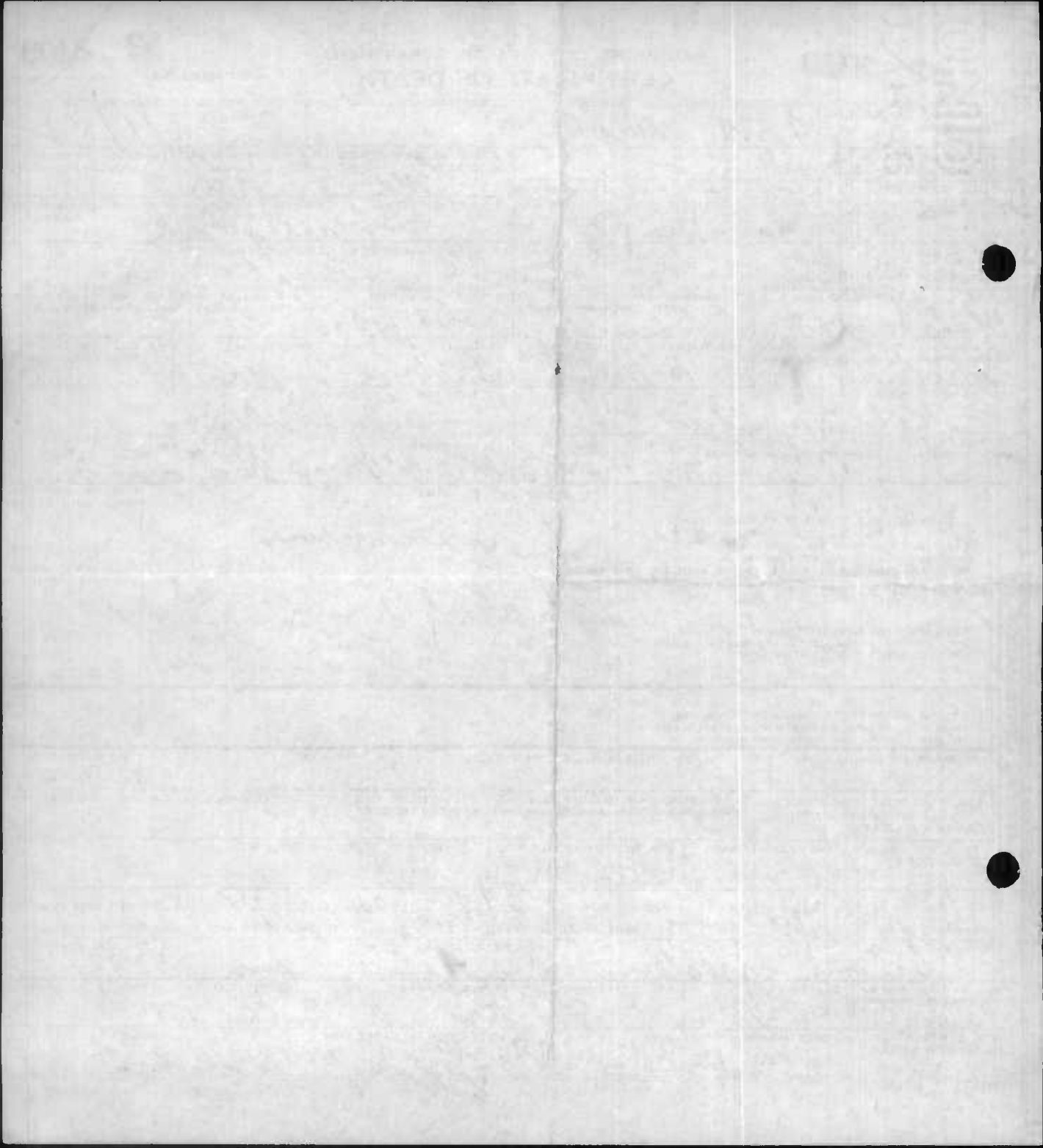
Huntington Williams, M.D. 527 St. Paul St.

54450

47D

MEDICAL CERTIFICATION





52 2410

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2410

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EMMA

SCHOENWETTER

2. DATE  
OF  
DEATH

March 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

932 W. Lexington Street

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

932 W. Lexington Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Aug. 11, 1882

9. AGE (In years  
last birthday)

69

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Fischer

14. MOTHER'S MAIDEN NAME

Margaret Rottman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS: 932 W. Lexington St

Miss Anna M. Schoenwetter - 932 W. Lex-

18. 422-1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*B. Fischer*23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3/10/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

3/13/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

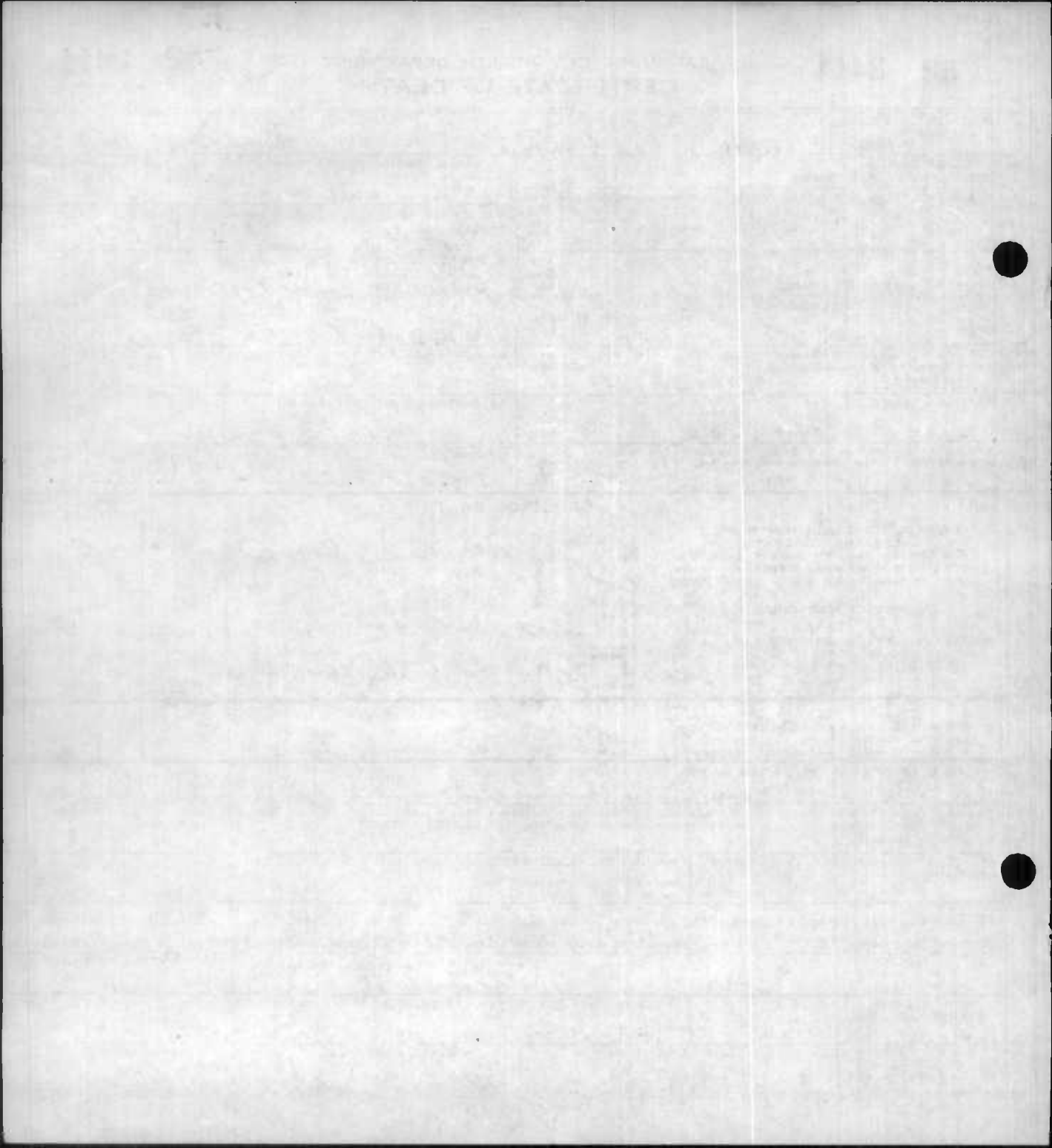
25. FUNERAL DIRECTOR

ADDRESS

*932 Balto 17, Md.*

Wm. J. Theimer  
Rector, N. Y.





52 2412

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2412

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLOTTE A. (LOTTIE) BISCOE

2. DATE  
OF  
DEATH

Mar. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

805 Augusta Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

16-08

D. STREET ADDRESS (If rural, give location)

805 Augusta Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 15, 1865

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

86

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James L. Biscoe

14. MOTHER'S MAIDEN NAME

Sallie A. Hammett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. Dwight Biscoe - 805 Augusta Av

18. *Arter. and E 903.0* CAUSE OF DEATHINTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Arteriosclerotic cardio-vascular*  
disease

1945

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Fractured right hip in a fall on 2/4/52*  
CHIEF OR ASST. MEDICAL EXAMINER.OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☒  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)*Augusta Ave*21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?*Westminster, Md.*21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY*Mar 4, 1952*

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

*seized & fell to floor*22. I hereby certify that I attended the deceased from *March 28, 1952*, to *March 8, 1952*, that I last saw the  
deceased alive on *March 7, 1952*, and that death occurred at *5:00 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

*George F. K... M.D.*

23B. ADDRESS

3030 Edmondson Avenue

23C. DATE SIGNED

Mar. 10, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/11/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*H. H. Williams*

25. FUNERAL DIRECTOR

ADDRESS

*Wm. J. Tackner & Sons*

VS 150

FOR MEDICAL EXAMINER'S APPROVAL

N-820.1

Balto Md 93D

MEDICAL CERTIFICATION

CERTIFICATION APPROVED BY

M. D.

CHIEF OR ASST. MEDICAL EXAMINER



BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNA H. KRIES

2. DATE

OF  
DEATH

Mar. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1409 Patterson Park Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1409 Patterson Park Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 26, 1868

9. AGE (In years  
last birthday)

84

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Hooper

14. MOTHER'S MAIDEN NAME

Henrietta Puhl

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Ruth M. Bier - 1409 Patterson Pk.

18. 171X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of Liver

6 Mos.

DUE TO General Metastases from Carc.  
of the uterine cervix.

9 Mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis. Cataracts

5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1952, to March 9, 1952 that I last saw the  
deceased alive on 3/8/1952, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

1613 E. North Ave.

3-10-52.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

2

48a Bldg 17, Md

MEDICAL CERTIFICATION



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

140

52

2414

CERTIFICATE CORRECTED

4-1-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52

2414

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <b>Mary Ellen Shipley</b>	
2. DATE OF DEATH <b>March 8/52</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3126 Baker St</b>	
C. Length of stay in Baltimore <b>50 yrs</b>	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>16-07</b>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>3126 Baker St</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>1881</b> <b>Jan. 7, 1877</b>
9. AGE (In years last birthday) <b>75</b>	10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H. W.</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Mass.</b>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>William W. Price</b>	
14. MOTHER'S MAIDEN NAME <b>Ellen Jane Mills</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS <b>Mrs. May F. Robinette, 3126 Baker St</b>	
18. CAUSE OF DEATH <b>171X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Cervix Uteri</b> DUE TO <b>Antenatal &amp; Postnatal</b> DUE TO <b>Antenatal &amp; Postnatal</b> DUE TO <b>Antenatal &amp; Postnatal</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>Jan 1851</b> <b>March 1947</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 13, 1947</b> to <b>March 8, 1952</b> , that I last saw the deceased alive on <b>March 6, 1952</b> , and that death occurred at <b>8A. m.</b> , from the causes and on the date stated above.	
23A. SIGNATURE <b>Albert J. Shodor</b>	
23B. ADDRESS <b>2302 Edmondson Ave</b>	
23C. DATE SIGNED <b>3/10/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>March 12/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park, 3801 Frederick Rd. Balto. 29, Md.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. 29, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 11 1952</b>	
REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR ADDRESS <b>4101 Edmondson Ave</b>	



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500

52 2415

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2415

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Edward H. Schamma

2. DATE  
OF  
DEATH

March 9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE 537 S. Monroe St

C. Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 19-04

D. STREET ADDRESS (If rural, give location)

537 S. Monroe St

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 21, 1884

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bureau of Receipts

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Schamma

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. A. nes R. Schamma, 537 S. Monroe St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) carcinoma of stomach

DUE TO

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Aplastic Anemia  
Thrombosis Left popliteal artery

2 months  
3 days

19A. DATE OF OPERATION

Jan. 1952

19B. MAJOR FINDINGS OF OPERATION

carcinoma of stomach, metastatic

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1952, to March 9, 1952, that I last saw the deceased alive on March 9, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Trauman

23B. ADDRESS

M. D.

206 S. Gilman St

23C. DATE SIGNED

3-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March

24C. NAME OF CEMETERY OR CREMATORY

152 Loudon Pk. 3801 Frederick Rd. Balto. Md.

24D. LOCATION (City, town, or county)

4101 Edmondson Av

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

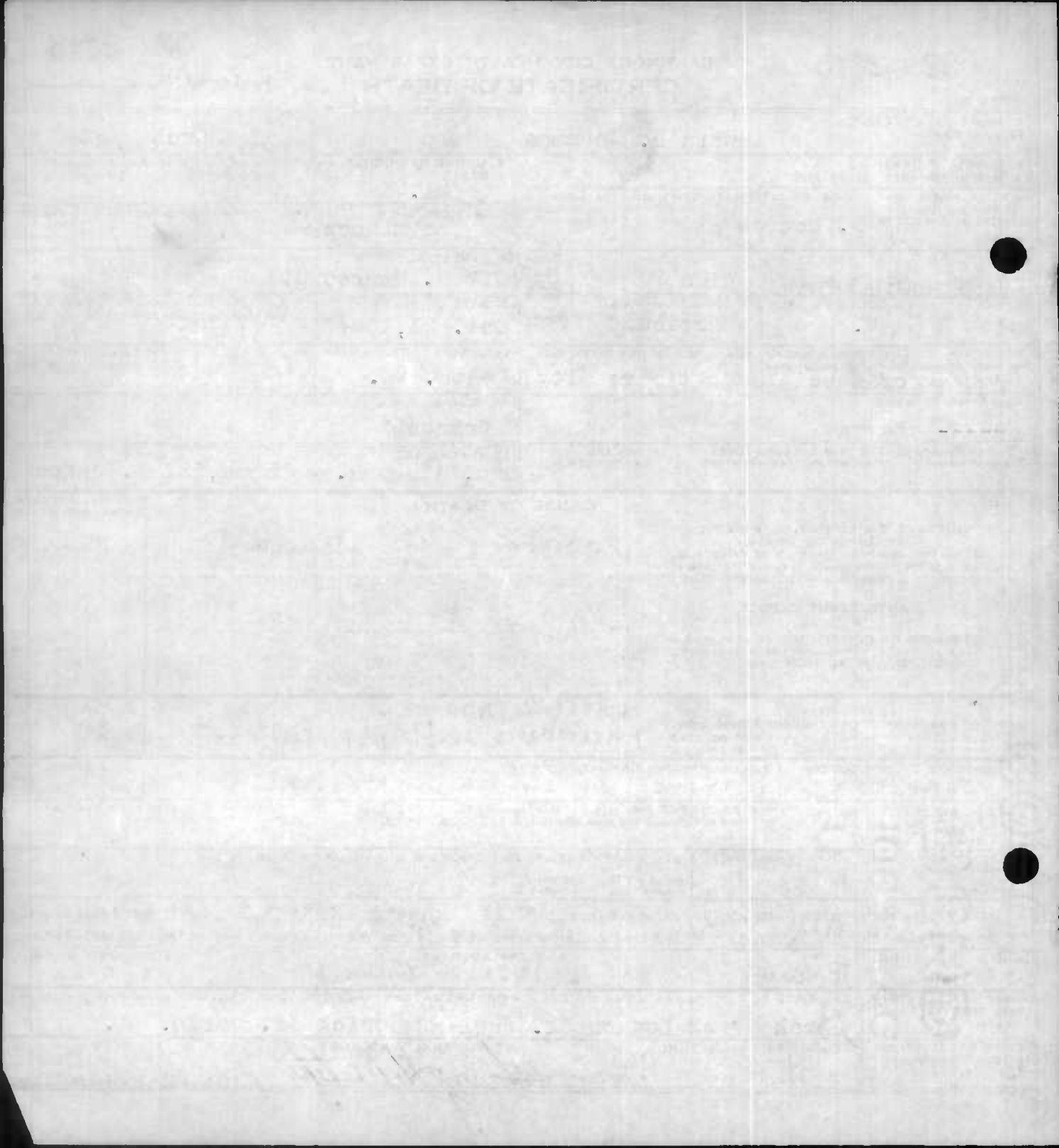
25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1952

Huntington Williams

4101 Edmondson Av









RECEIVED FOR THE DIRECTOR  
CENTRAL INTELLIGENCE AGENCY

52 2417

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2417

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ennis Chauncey Johnson

2. DATE OF DEATH  
March 8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4214 Frederick Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-08

D. STREET ADDRESS (If rural, give location)

4214 Frederick Road

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

B. &amp; O. R. R.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Johnson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Emily J. Biemiller, 4214 Frederick

18. 490 X 1

CAUSE OF DEATH

RD.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Lobar Pneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Art A.D. - Congestive Failure

1 hour

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1952, to March 8, 1952, that I last saw the deceased alive on March 8, 1952, and that death occurred at 12:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 12/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

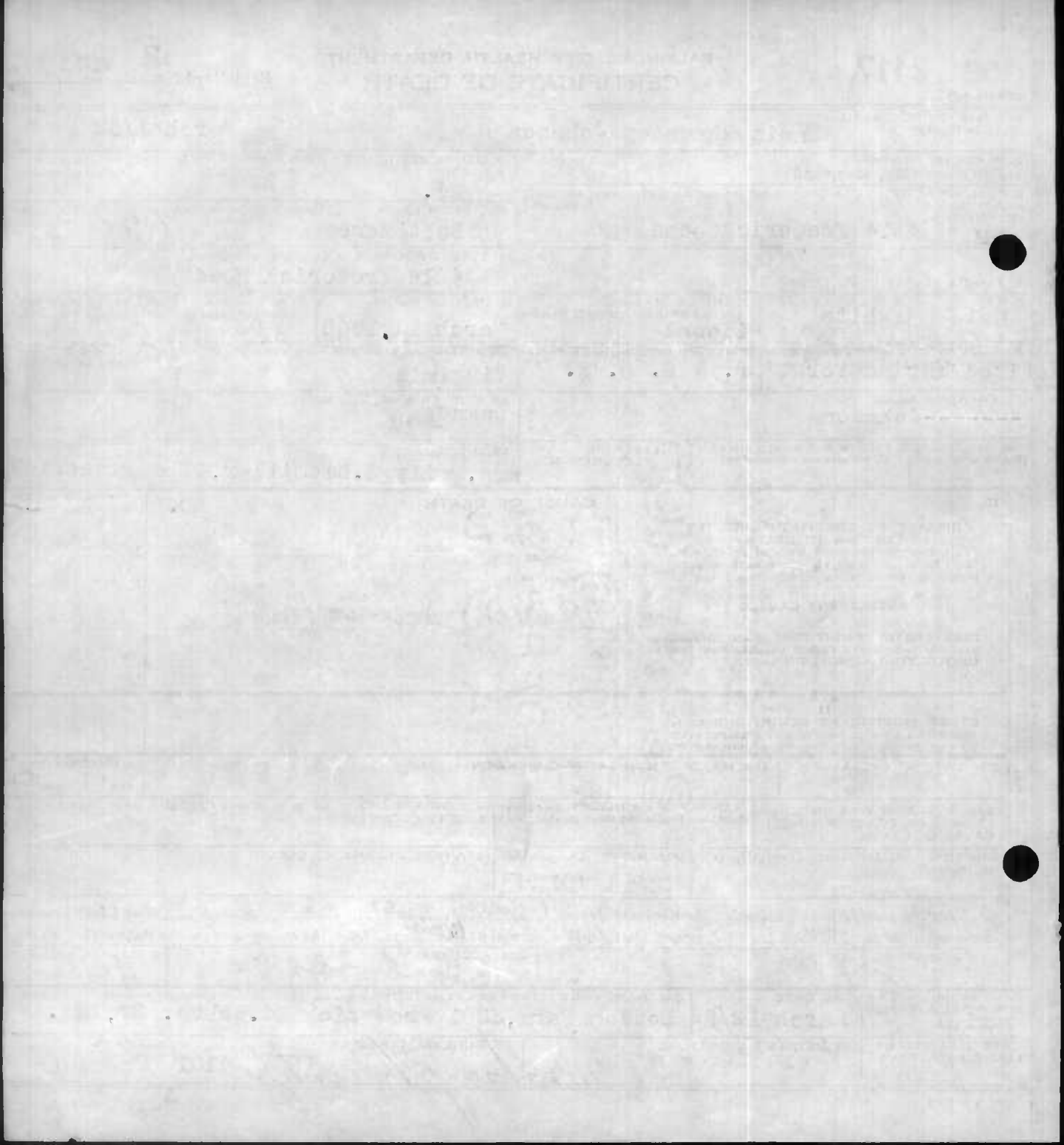
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson



S-600

52 2418

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2418

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Calvin Sawyer

2. DATE  
OF  
DEATH

3/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

16-02

D. STREET ADDRESS (If rural, give location)

1110 n. Carey St

c. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

M.

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

2.6.1874

9. AGE (in years  
last birthday)

78

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NAVY 1902

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mamie Sawyer

ADDRESS 1110 n.

Carey St

18. 434.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 3.8. 1952, to 3.9. 1952, that I last saw the  
deceased alive on 3.9. 1952, and that death occurred at 3:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

L. Boniondski

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

3/9/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/12/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

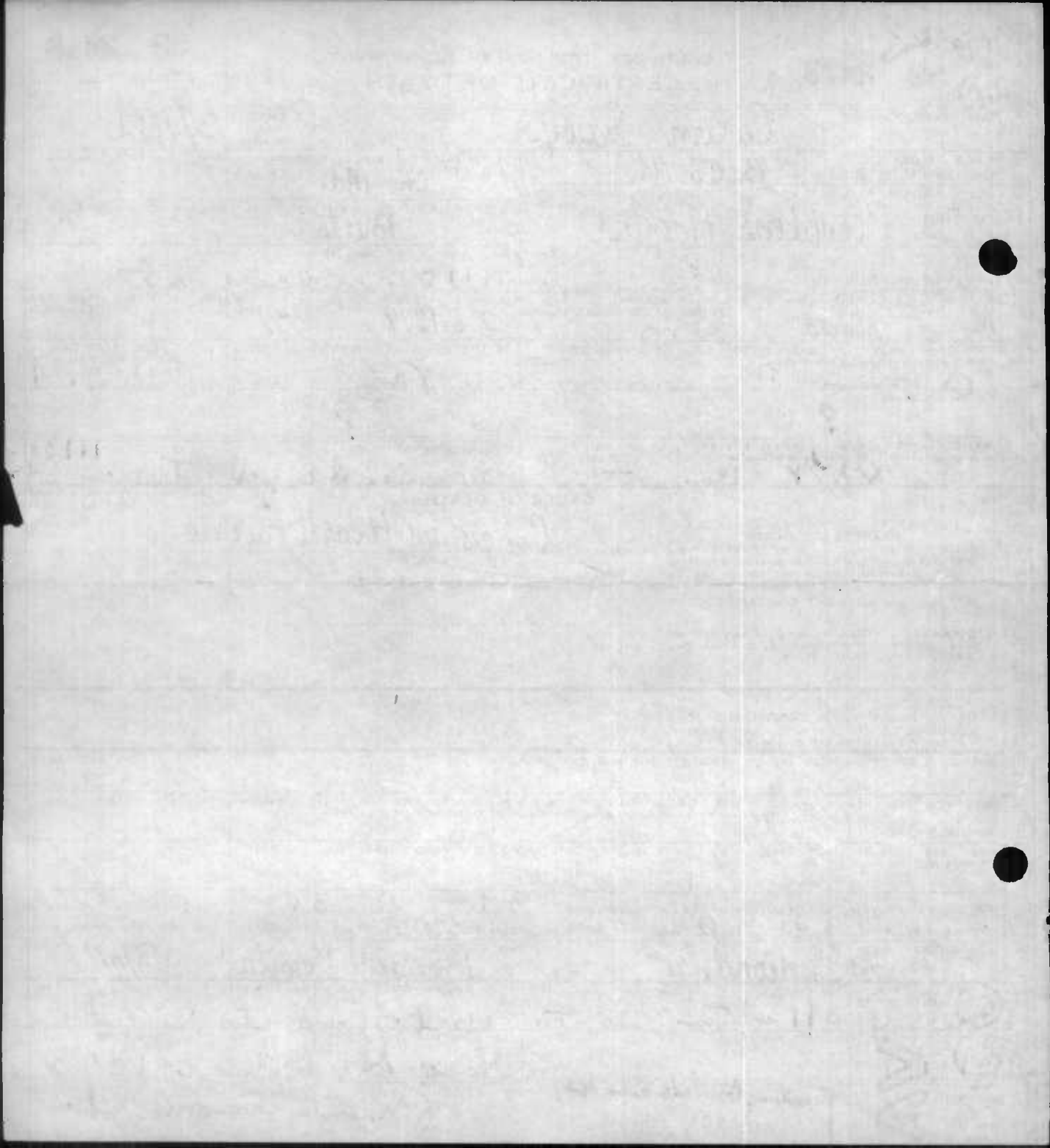
MAR 11 1952

Hep. H. Kelson 1303

VS 150

Presstman St.

MEDICAL CERTIFICATION



F 652  
52 2419BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2419

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John G Frankenberger</i>		2. DATE OF DEATH <i>March 8-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>4800 Hazelwood Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-01</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4800 Hazelwood Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 9-1888</i>
9. AGE (In years, last birthday) <i>76</i>		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Auto Mac.</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Henry Frankenberger</i>		14. MOTHER'S MAIDEN NAME <i>Kulhelmine Klingler</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr John Frankenberger</i>		ADDRESS <i>4242</i>	

18. <i>356.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Motor of the Lateral Sclerosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>L</i> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <i>L</i> DUE TO	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1949* to *March 8, 1952*, that I last saw the deceased alive on *March 6, 1952*, and that death occurred at *1:30 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>J. S. Huntington</i>	23B. ADDRESS <i>3805 Belair Rd</i>	23C. DATE SIGNED <i>3/10/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/12/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>
24D. LOCATION (City, town, or county) (State) <i>Gold Md</i>	24E. FUNERAL DIRECTOR <i>H. J. Luck</i>	24F. ADDRESS <i>5305 Harford Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 11 1952</i>		
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		

Dr. Harding  
3805 Raleigh



G-650  
52 2420BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2420  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM D. GRAHAM</b>		2. DATE OF DEATH <b>March 8, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>PROVIDENT Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 16-01</b>	
D. LENGTH OF STAY IN BALTIMORE <b>Life</b>		E. STREET ADDRESS (If rural, give location) <b>1104 N. Fremont Ave.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3/11/1893</b>
9. AGE (In years last birthday) <b>59</b>		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Chatman GRAHAM</b>		11. BIRTHPLACE (State or foreign country) <b>Rocky Hill, n.f.</b>	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR COAST GUARD (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>216-05-4859</b>	
17. INFORMANT <b>Beatrice Graham</b>		18. ADDRESS <b>1732 McLean Ave.</b>	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive heart disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>Stanley B. Dunschee M.D.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <b>March 9, 1952</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24B. DATE <b>Mar. 12, 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Balta National Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Maryland</b>	
25. FUNERAL DIRECTOR <b>Arlington S. Phillips</b>		25. ADDRESS <b>1809 N. Monroe St</b>	

MEDICAL CERTIFICATION

740FF

1

Chatham  
Mass

1104 Main Street

0111803

Brook Hill

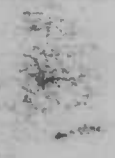
CHATHAM

210-02-0215

0215

Chatham

0215



0215 92 0215 92

D-463  
52 2421BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2421  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Willard

2. DATE  
OF  
DEATH

Mar 8, 1952

3. PLACE OF DEATH: 7:10 a.m.  
A. Baltimore City, Maryland

Acct Room

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-02

D. STREET ADDRESS (If rural, give location)

600 W. Lawrence St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

150X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of the esophagus

unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Oct 1951

Carcinoma of the esophagus

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8-1952 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on 3-8-1952, and that death occurred at 8 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Kenneth M. Cole Jr. M. D.

JOHNS HOPKINS HOSPITAL

3-8-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1952

VS 150

Walter Williams

Charles X. Alexander 1200 McClellan Ave. 17th

ORDER OF DEATH

DEPARTMENT OF HEALTH

ANTHONY J. CARROLL

ANTHONY J. CARROLL  
DEPARTMENT OF HEALTH  
ANTHONY J. CARROLL

A-342  
52 2422

Adelsberger

52 2422

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

CLARKS MARIE APELSBERGER.

2. DATE  
OF  
DEATH

3-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

902 W 3RD ST.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

902 W 3RD + A ST, BALTIMORE

D. STREET ADDRESS (If rural, give location)

902 W 3RD ST. 12-07

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8-27-05

9. AGE (in years,  
last birthday)

46

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Hare

14. MOTHER'S MARRIEN NAME

Cora McGonigle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

219-12-7286

17. INFORMANT

ADDRESS

Wm. H. Adelsberger 4426 Newport Ave.

18. 4-20-11

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Anterior chest P.K.O.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1951, to 2-P, 1952, that I last saw the  
deceased alive on 2-P, 1952, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

CHIEF OR ASST. MEDICAL EXAMINER.  
M.D.

CERTIFICATION APPROVED BY

NOT A MEDICAL EXAMINER'S CASE  
*R. W. Fisher*  
CHIEF OR ASST. MEDICAL EXAMINER M.D.



J-525  
52 2423

52 2423

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lottie Lucretia Johnson

2. DATE  
OF  
DEATH

3-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hosp.

C. Length of stay in Baltimore

637

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-06

D. STREET ADDRESS (If rural, give location)

1029 W 37th St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7/16/90

9. AGE (in years,  
last birthday)

62

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Vermillion D.

14. MOTHER'S MAIDEN NAME

Mantha Tucker D.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No -

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mr Ashton Johnson

8-0-0

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive vascular  
disease

12-15 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-62 19, to 3-10-52 19, that I last saw the  
deceased alive on 3-10-52 19, and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

3-11-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn Ind.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Paul A. Schenck 3615-17 Chestnut Ave

MAR 11 1952

VS 130

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED BY THE  
DEPARTMENT OF HEALTH

1934

B-400  
52 2424

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2424  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>VIOLA N. BAILEY</b>		2. DATE OF DEATH <b>March 9, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>CITY Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Middle River</b>	
D. STREET ADDRESS (If rural, give location) <b>53 B Byway South - Middle River</b>		5. SEX <b>F</b> 6. COLOR OR RACE <b>W</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Feb. 12, 1908</b> 9. AGE (In years last birthday) <b>42</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>	
11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <b>213-03-4160</b>	
17. INFORMANT <b>Paul B. Bailey</b>		ADDRESS <b>53 B Byway South, Middle River, Md.</b>	

18. <b>E977 X 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Stab wound of chest</b>		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(A) DUE TO</b>		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>53 B Byway South-Middle River</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>March 9, 1952</b>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Sharp instrument</b>

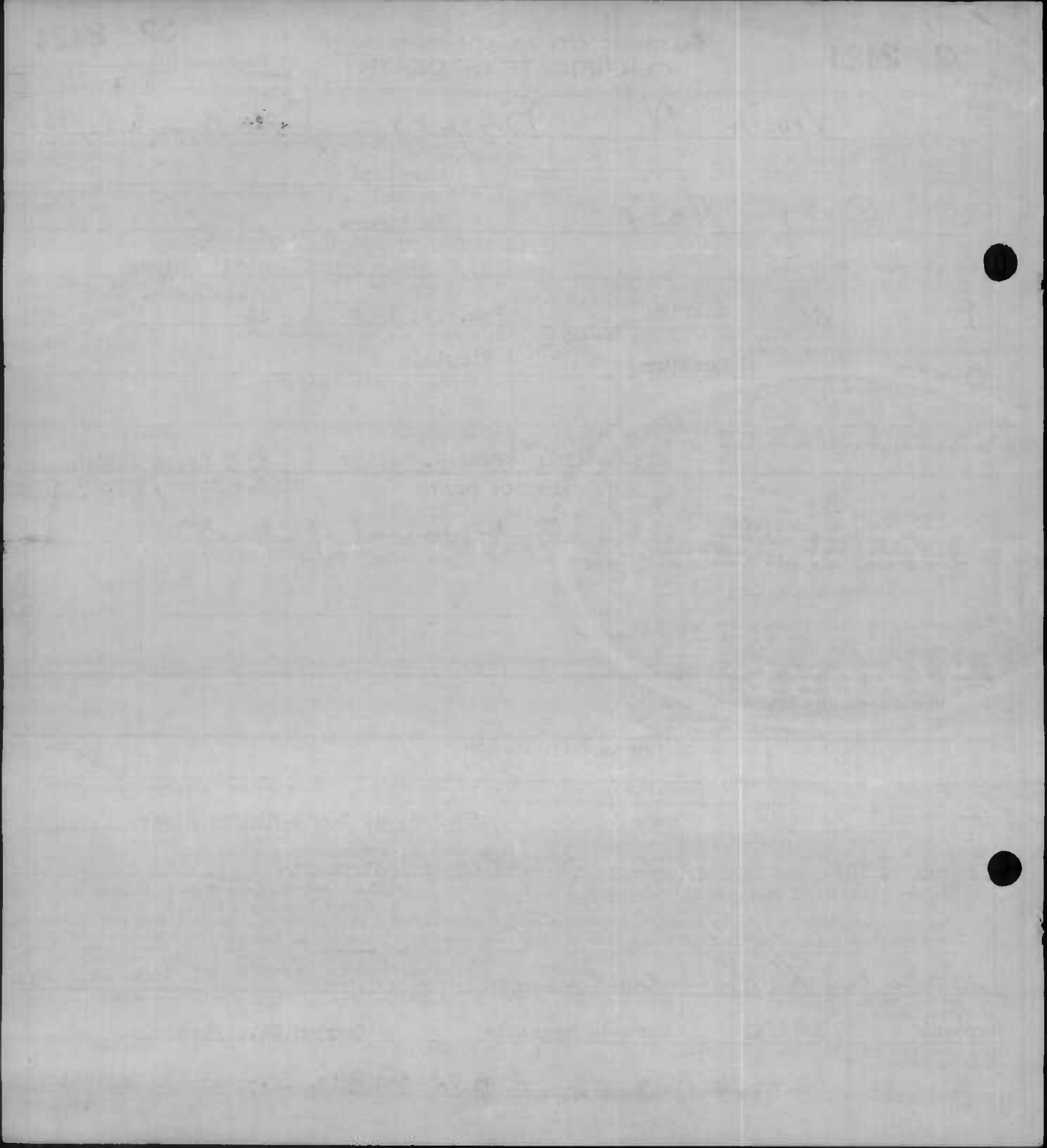
22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley H. Durlacher M.D.** 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **March 9, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24B. DATE **3/12/52** 24C. NAME OF CEMETERY OR CREMATORY **Furnace Mountain** 24D. LOCATION (City, town, or county) (State) **Loudon Co., Virginia**

DATE RECEIVED BY LOCAL REGISTRAR **March 11, 1952** REGISTRAR'S SIGNATURE **Paul E. Chenoweth, Jr.** 25. FUNERAL DIRECTOR ADDRESS **-3615-17 Chestnut Avenue**

**784 6M**



F-260  
52 2425BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2425  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Alfred W. Fischer</i>			2. DATE OF DEATH <i>March 9, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2812 Montebello Ter</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2812 Montebello Terrace</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-02</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2812 Montebello Terrace</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 9, 1893</i>	9. AGE (In years last birthday) <i>58</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Policeman</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Balti Police Dept</i>		11. BIRTHPLACE (State or foreign country) <i>Harrison, Ohio</i>
13. FATHER'S NAME <i>Ferman J. Fischer</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes World War I</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. *181X I*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH  
(A) *Cancer of Bladder (malignant)*  
DUE TO  
INTERVAL BETWEEN ONSET AND DEATH  
*2 years*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO \_\_\_\_\_  
(C) \_\_\_\_\_II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>April 1950</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cancer of Bladder</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-1</i> , 19 <i>50</i> , to <i>3-9</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3-9</i> , 19 <i>52</i> , and that death occurred at _____ m., from the cause and on the date stated above.					
23A. SIGNATURE <i>L. L. Gordy</i>		23B. ADDRESS M. D. <i>5106 Harford Road</i>		23C. DATE SIGNED <i>3-10-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 2/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balti National Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR <i>Stuntington Williams &amp; Sons</i>		ADDRESS <i>5005 N. Hollis Ave</i>	

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1952

VS 150

773 93

5106 Hayford Road

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G-416  
52 2426

CERTIFICATE CORRECTED

3-26-52

52 2426

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

## 1. NAME OF DECEASED

(Type or Print)

WILLIAM WILSON GALBREATH

## 2. DATE

OF  
DEATH

MAR 11-1952

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland

M69 1

## 4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

FLA.

## B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

## C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

SARASOTA

## D. STREET ADDRESS (If rural, give location)

SIESTA KEY

## c. Length of stay in Baltimore

4 mos.

Yrs.

Mos.

Days

## 5. SEX

MALE

## 6. COLOR OR RACE

White

## 7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

## 8. DATE OF BIRTH

12-8-82

## 9. AGE (In years

last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

## 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manufacturer

## 10B. KIND OF BUSINESS OR INDUSTRY

Pressed Steel

## 11. BIRTHPLACE (State or foreign country)

Ind

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13. FATHER'S NAME

Alexander F. Galbreath

## 14. MOTHER'S MAIDEN NAME

Sarah Wilson

## 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

279-05-2424-1

## 17. INFORMANT

## ADDRESS

JOHNS HOPKINS HOSPITAL

## 18.

## CAUSE OF DEATH

## INTERVAL BETWEEN ONSET AND DEATH

## DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)

(A) Undifferentiated of Tumors

## ANTECEDENT CAUSES

J Bone Marrow

## DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

(C)

## II

## OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

## 19A. DATE OF OPERATION

## 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

## 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

## 21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

## 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

## 21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

## 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22-1951, to 3-11-1952, that I last saw the deceased alive on 3-11-1952, and that death occurred at 12:12 Pm., from the causes and on the date stated above.

## 23A. SIGNATURE

Julius R. Kevans M. D.

## 23B. ADDRESS

JOHNS HOPKINS HOSPITAL

## 23C. DATE SIGNED

## 24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24B. DATE

3-13-52

## 24C. NAME OF CEMETERY OR CREMATORY

Darlington Cemetery

## 24D. LOCATION (City, town, or county)

Darlington, Harford Co. Md.

## DATE RECEIVED BY LOCAL REGISTRAR

## REGISTRAR'S SIGNATURE

Curtis W. Williams, M.D.

## 25. FUNERAL DIRECTOR

Lee A. Patterson &amp; Son

## ADDRESS

Perryville, Md.

2017 04

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

RECEIVED

RECEIVED



correct age is especially important. Physicians, please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2427

BIRTH NO. 52-04938		1. NAME OF DECEASED (Type or Print) <i>Baby Neil George</i>		2. DATE OF DEATH <i>3/11/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>BALTO</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Dundalk</i>			
C. Length of stay in Baltimore <i>9</i> Mos. Days		D. STREET ADDRESS (If rural, give location) <i>6727 Thruway St. 530</i>			
5. SEX <i>1-</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3/2/52</i>	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
13. FATHER'S NAME <i>Richard Dean George</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>MERCY HOSPITAL RECORDS</i>	
18. <i>752X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hydrocephalus</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/6</i> 1952 to <i>3/11</i> 1952 that I last saw the deceased alive on <i>3/11</i> 1952 and that death occurred at <i>5:15</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Kramer</i>		23B. ADDRESS <i>Mercy Hosp</i>		23C. DATE SIGNED <i>3/11/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>3/11/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel</i>	
				24D. LOCATION (City, town, or county) (State) <i>BALTO. md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 11 1952</i>		REGISTRAR'S SIGNATURE <i>H. Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Walter Butler Bradley, Dundalk, Md</i>	



K-452

52 2428

# Kleinsmith

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

Registered No. 52 2428

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Kleinsmith

2. DATE  
OF  
DEATH

March 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-04

D. STREET ADDRESS (If rural, give location)

2629 Fair Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-23-38

9. AGE (In years  
last birthday)

64

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

National Can Co.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael Kleinsmith

TIN (M)

14. MOTHER'S MAIDEN NAME

Julliana /??Bujanowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL  
SECURITY NO.  
212-01-6474

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A)

Congestive Heart Failure

36 hours

DUE TO

(B)

Carcinoma of the Stomach 15 years

DUE TO

(C)

#### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

#### II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 8, 52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1952 to 3-10, 1952 that I last saw the deceased alive on 3-10, 1952, and that death occurred at 9:59 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3-14-52

24C. NAME OF CEMETERY OR CREMATOR

St. Stanislaus

24D. LOCATION (City, town, or county)

1300 Dundalk Ave

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1952

Huntington Williams, M.D.

George A. Weber 705 S. Penn St

VS 150

97030

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

57-4-23

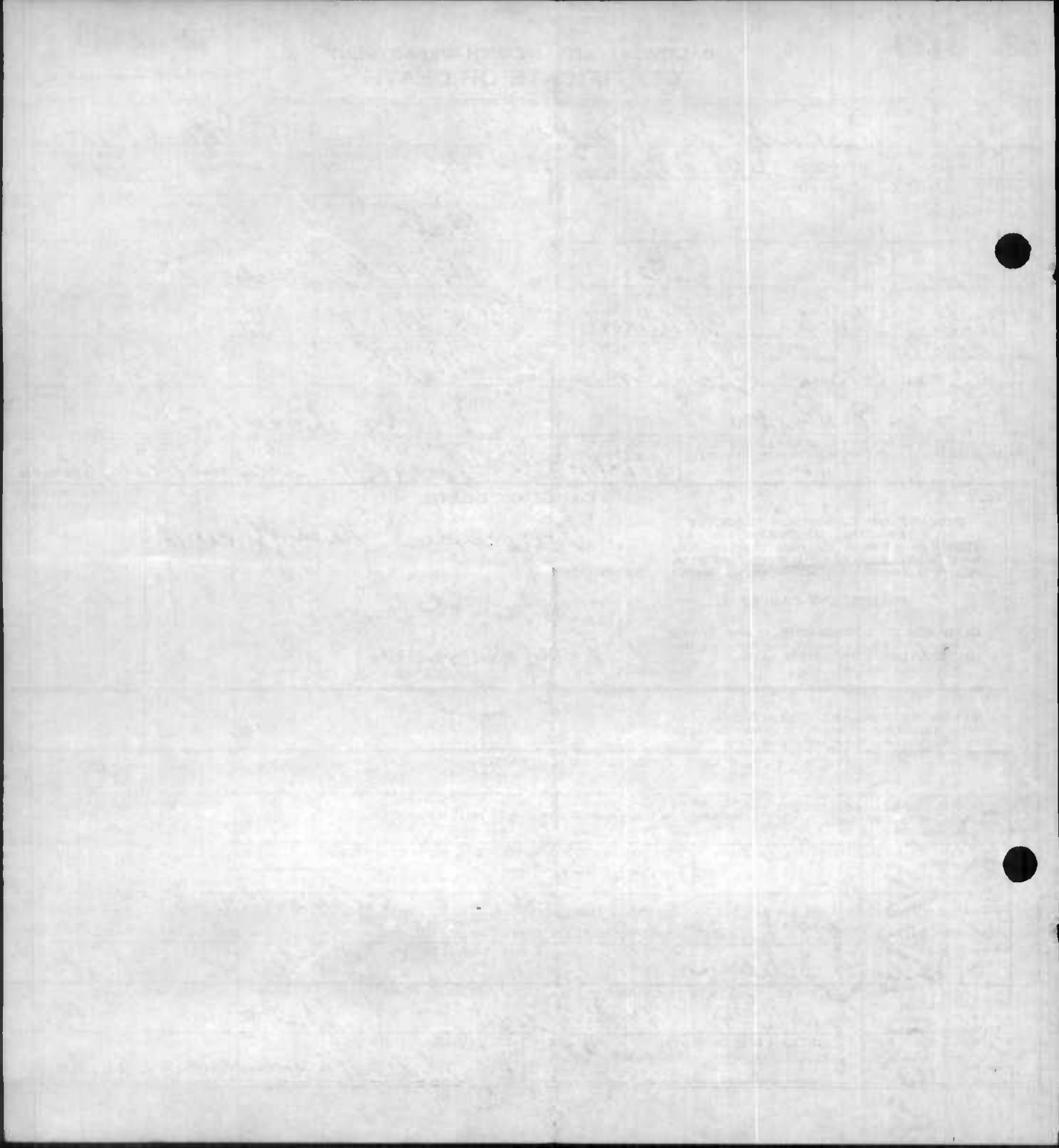
STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Date of Death	
3. Place of Birth		4. Date of Birth	
5. Sex		6. Race	
7. Occupation		8. Cause of Death	
9. Signature of Physician		10. Signature of Registrar	
11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker	
15. Signature of Funeral Home		16. Signature of Cemetery	
17. Signature of Burial Society		18. Signature of Burial Association	
19. Signature of Burial Society		20. Signature of Burial Association	
21. Signature of Burial Society		22. Signature of Burial Association	
23. Signature of Burial Society		24. Signature of Burial Association	
25. Signature of Burial Society		26. Signature of Burial Association	
27. Signature of Burial Society		28. Signature of Burial Association	
29. Signature of Burial Society		30. Signature of Burial Association	
31. Signature of Burial Society		32. Signature of Burial Association	
33. Signature of Burial Society		34. Signature of Burial Association	
35. Signature of Burial Society		36. Signature of Burial Association	
37. Signature of Burial Society		38. Signature of Burial Association	
39. Signature of Burial Society		40. Signature of Burial Association	
41. Signature of Burial Society		42. Signature of Burial Association	
43. Signature of Burial Society		44. Signature of Burial Association	
45. Signature of Burial Society		46. Signature of Burial Association	
47. Signature of Burial Society		48. Signature of Burial Association	
49. Signature of Burial Society		50. Signature of Burial Association	
51. Signature of Burial Society		52. Signature of Burial Association	
53. Signature of Burial Society		54. Signature of Burial Association	
55. Signature of Burial Society		56. Signature of Burial Association	
57. Signature of Burial Society		58. Signature of Burial Association	
59. Signature of Burial Society		60. Signature of Burial Association	
61. Signature of Burial Society		62. Signature of Burial Association	
63. Signature of Burial Society		64. Signature of Burial Association	
65. Signature of Burial Society		66. Signature of Burial Association	
67. Signature of Burial Society		68. Signature of Burial Association	
69. Signature of Burial Society		70. Signature of Burial Association	
71. Signature of Burial Society		72. Signature of Burial Association	
73. Signature of Burial Society		74. Signature of Burial Association	
75. Signature of Burial Society		76. Signature of Burial Association	
77. Signature of Burial Society		78. Signature of Burial Association	
79. Signature of Burial Society		80. Signature of Burial Association	
81. Signature of Burial Society		82. Signature of Burial Association	
83. Signature of Burial Society		84. Signature of Burial Association	
85. Signature of Burial Society		86. Signature of Burial Association	
87. Signature of Burial Society		88. Signature of Burial Association	
89. Signature of Burial Society		90. Signature of Burial Association	
91. Signature of Burial Society		92. Signature of Burial Association	
93. Signature of Burial Society		94. Signature of Burial Association	
95. Signature of Burial Society		96. Signature of Burial Association	
97. Signature of Burial Society		98. Signature of Burial Association	
99. Signature of Burial Society		100. Signature of Burial Association	

52 P-620  
2429BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2429  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles A. Parks</i>			2. DATE OF DEATH <i>March 10, 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>1421 S. Charles St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ms</i> b. COUNTY <i>Balt</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt</i> <i>73-07</i>		
c. Length of stay in Baltimore <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>1421 S. Charles St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Nov. 20, 1870</i>	9. AGE (In years, last birthday) <i>81</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Spaughtman</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Slaysman &amp; Co</i>		
11. BIRTHPLACE (State or foreign country) <i>Balt</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>John E. Parks</i>			14. MOTHER'S MAIDEN NAME <i>Mary Longley</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>212-14-3358</i>		
17. INFORMANT <i>Florence M. Andrews</i>			ADDRESS <i>1421 S. Charles St</i>		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Insufficiency</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Atherosclerosis - Myocardium</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 12</i> , 19 <i>52</i> , to <i>March 10</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>March 9</i> , 19 <i>52</i> , and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John A. Scheuch</i>		23B. ADDRESS <i>1337 S. Charles St</i>		23C. DATE SIGNED <i>2/10/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>March 13, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MO Wood</i>	
24D. LOCATION (City, town, or county) (State) <i>Balt</i> <i>Ms</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 11 1952</i>		REGISTRAR'S SIGNATURE <i>John A. Scheuch</i>		25. FUNERAL DIRECTOR <i>A. Howard Evans</i>	
		ADDRESS <i>1421 S. Charles St</i>			





52 2430

52 2430

VMC-157256

F.455

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank Flemming

2. DATE  
OF  
DEATH

3-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1625 E. Monument St.

c. Length of stay in Baltimore

15 Yrs.

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

separated

8. DATE OF BIRTH

Aug. 12, 1916

9. AGE (In years  
last birthday)

35

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Steel Plant

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jesse Flemming

14. MOTHER'S MAIDEN NAME

Ophelia Elleby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.17. INFORMANT  
Records-Baltimore City Hospitals  
4940 Eastern Avenue

18. 002X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Far advanced Bilateral Pulmonary Tu-  
berculosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-1952, to 3-7-1952 that I last saw the  
deceased alive on 3-7-1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Rogers

M. D.

Balto. City Hospital 4940 Eastern Ave. Balto., Md.

23C. DATE SIGNED

3-10-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/1952

24C. NAME OF CEMETERY OR CREMATORY

Latta

24D. LOCATION (City, town, or county)

Latta S.C.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. B. Rogers

25. FUNERAL DIRECTOR

E. J. O. Wilson 2125 Blandly ave

ADDRESS

VS 150

To Be Approved By Med. Examiner

97034

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the cause of death clearly and fully.



NOT A MEDICAL EXAMINER'S CASE  
*R. H. Fisher* M.D.  
CHIEF OR ASS'T. MEDICAL EXAMINER

F-6250 2431

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. *Red Red*1. NAME OF DECEASED  
(Type or Print)

DAVID F. FARRIS

2. DATE  
OF  
DEATH

MAR 10-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HLH-2

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Virginia

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

COLORNELL HGts.

D. STREET ADDRESS (If rural, give location)

124 LAFAYETTE AVE.

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

5-28-49

9. AGE (In years  
last birthday)

2

If Under 1 Year  
Months: Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Louis FARRIS

14. MOTHER'S MAIDEN NAME

NELL Crostic

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

59rx  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

8 mo.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5-1951, to 3-10-1952, that I last saw the  
deceased alive on 3-10-1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ruth F. Bowers

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-11-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Removal

24B. DATE

3/11/52

24C. NAME OF CEMETERY OR CREMATORY

Blandford Cem.

24D. LOCATION (City, town, or county)

Petersburg, Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tichenor &amp; Son

11-1952

2422

Batts 17, Md.

correct age is especially important. Physicians, please write the causes of death clearly and briefly.

100-100000

100-100000

RECEIVED BY THE  
DEPARTMENT OF DEATH

100-100000

100-100000

100-100000

100-100000

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100-100000

100-100000

100-100000

100-100000

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2432

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ELIZABETH JOHNSON		2. DATE OF DEATH March 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Howard			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Elkridge			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6810 Washington Boulevard			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 15, 1894	9. AGE (In years last birthday) 57	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Demonstrator - Toys		10B. KIND OF BUSINESS OR INDUSTRY Brager Dept. Store		11. BIRTHPLACE (State or foreign country) Grayson County, Virginia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Albert S. Trimble		14. MOTHER'S MAIDEN NAME Alice Brannock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Thomas K. Johnson, 6810 Washington Blvd.	

18. E 812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Basilar meningitis <del>XXXXX</del>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pyelonephritis <del>XXXXX</del> Old compound comminuted fracture of right tibia and fibula		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Boulevard	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 6800 block of Washington Boulevard
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY December 15, 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Smith	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. <input checked="" type="checkbox"/>	23C. DATE SIGNED March 11, 1952
------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 3/11/52	24C. NAME OF CEMETERY OR CREMATORY Galax	24D. LOCATION (City, town, or county) (State) Galax, Virginia
--	----------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H. M. Coyle, Inc.	ADDRESS 1217 St. Paul Street
---	--	---	---------------------------------

SLIP 52

PROPERTY OF THE UNITED STATES GOVERNMENT  
HYDROGRAPHIC SURVEY

SLIP 52

300

52 2433

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2433

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nathaniel White

2. DATE  
OF  
DEATH

Mar. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Aug 7

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Woodstown - N.J.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nathaniel White

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Charles White 227 O St W. C.

18. 59 x 1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Pneumonia R. M. &amp; R. U. L.

DUE TO

&gt;

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Uremia

DUE TO

&gt;

(C)

Chronic Nephritis

&gt;

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1952 to 3-3, 1952 that I last saw the  
deceased alive on 3-3, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Fitzgerald

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3-4-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Mar 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese R. Williams

25. FUNERAL DIRECTOR

Therese R. Williams

ADDRESS

322 N. Schreder St.

MAR 11 1952

VS 150

78099

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1919  
1919

1919

1919  
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52 2434

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2434

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES

ARMSTRONG

2. DATE  
OF  
DEATH

March 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

933 Saratoga Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Mar.

8. DATE OF BIRTH

11-17-91

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR  
INDUSTRY

Sea

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Armstrong

14. MOTHER'S MAIDEN NAME

Mary Eliza Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Sole Armstrong 933 Saratoga

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William Williams

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 7, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N School St

VS 151

97099

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

145/8

THE UNIVERSITY OF CHICAGO

1911

11-17-11

1911

Received of the University of Chicago  
the sum of \$100.00 for the year 1911  
of which \$50.00 was for the year 1910  
and \$50.00 for the year 1911

200

52 2435

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2435

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mack Ross

2. DATE  
OF  
DEATH

Mar. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1508 E Monument

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Jan. 25/1894

9. AGE (in years

last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Freight Handler

11. BIRTHPLACE (State or foreign country)

GA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unc/known

14. MOTHER'S MAIDEN NAME

unc/known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or not known)

World War I - 1918-1919

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease 10 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/1952 to 3/2/1952 that I last saw the deceased alive on 3/2/1952, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. G. Langford

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/12/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Dr. G. Langford

25. FUNERAL DIRECTOR

Joseph A. Lively

ADDRESS

661 W. Barre St.

MAR 11 1952

1895 97058

2435

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

World War I

From June 1918 to May 1919

# 2-028-709

Priv. 1st class Co. 4 Depot 155

Member of International Longshoremen  
1104 Hull St - Boston Mass. Sa 4290

346  
52 2436BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2436

ND-157247

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Frances Butler</b>		2. DATE OF DEATH <b>March 7, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>11-04</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1212 McCulloch St. (17)</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 1, 1943</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years, last birthday) <b>9</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Arthur Butler</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <b>Thelma Hamilton</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>	
18. <b>330X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Bronchopneumonia</b> DUE TO <b>(B) Subarachnoid Hemorrhage</b> DUE TO <b>(C) Spastic Paralysis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 Days</b> <b>Unknown</b> <b>3 Yrs.</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3-7</b> , 1952, to <b>3-7</b> , 1952 that I last saw the deceased alive on <b>3-7</b> , 1952, and that death occurred at <b>4:20a</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>J. B. Drinn</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>	
23C. DATE SIGNED <b>3-8-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>3/12/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>mt Calvary</b>		24D. LOCATION (City, town, or county) (State) <b>Cedar Hill Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>J. B. Drinn</b>		ADDRESS <b>4940 Eastern Avenue</b>	

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

Form No. 1

Rev. 1-25-60

Date

Page

File No.

Subject

Reference

Remarks

Remarks

Remarks

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Remarks



241  
52 2437BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2437

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MORRIS SOKOLOFF			2. DATE OF DEATH March 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION 136 N. Broadway			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05		
c. Length of stay in Baltimore 40 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 136 N. Broadway		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH	9. AGE (In years last birthday) 68	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Mayer			11. BIRTHPLACE (State or foreign country) Poland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT David Sokolow			ADDRESS 2519 Rosedale		

18. E974 X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia due to hanging

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
136 N. Broadway21D. TIME (Month) (Day) (Year) (Hour)  
March 9, 195221E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

doorknob

Hanged self with belt attached to

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
M.D. ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





320

52 2438

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2438

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Date Mrs. Edna

2. DATE  
OF  
DEATH

March 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Church Home Hospital

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Church Home Hospital  
Baltimore 31, Maryland.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1824 Kinship Road.

5300

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 12, 1881

9. AGE (In years last birthday)

70 years

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Hammer, Phillip

14. MOTHER'S MAIDEN NAME

Garrison, Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

18. 443X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral thrombosis

DUE TO

14 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive Vascular Disease

DUE TO

2 years

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1952, to March 11, 1952, that I last saw the deceased alive on March 11, 1952, and that death occurred at 3:05 A.M., from the causes and on the date stated above.

23. SIGNATURE

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

March 11-1952

24A. BURIAL, CREMATION,  
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1952

Huntington Williams, M.D.

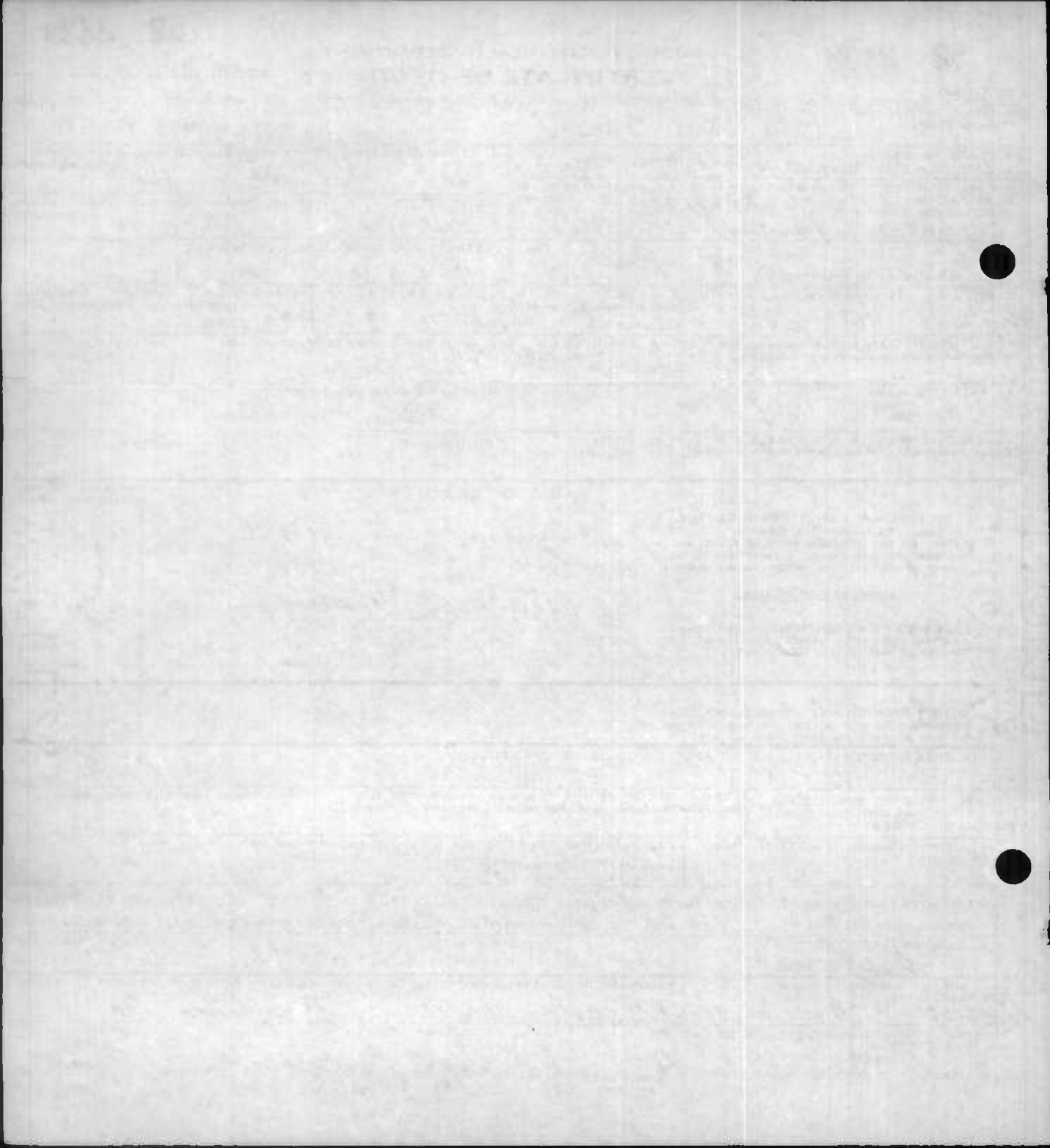
Willard Funeral Home

2006

VS 150

1952 2 24 56

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



530

52 2439

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2439

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>GEORGE JOHN ROLAND SCHMIDT</b>		2. DATE OF DEATH <b>March 9, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>2105 E. Eager St.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>7-03</b>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>2105 E. Eager St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 14, 1896</b>
9. AGE (In years last birthday) <b>55</b>		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Factory</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>✓</b>	
13. FATHER'S NAME <b>Gustav A. Schmidt</b>		14. MOTHER'S MAIDEN NAME <b>Dora Krider</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mrs. Bertha Schmidt</b>		ADDRESS <b>2105 E. Eager St.</b>	

18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) <b>Broncho Pneumonia</b> (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
--	--	---

19A. DATE OF OPERATION <b>March 6, 1952</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>March 6, 1952</b> , to <b>March 9, 1952</b> , that I last saw the deceased alive on <b>March 9, 1952</b> , and that death occurred at <b>4 A. m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>Joseph Pokorny</b>	M. D.	23B. ADDRESS <b>2200 E Madison St</b>	23C. DATE SIGNED <b>3/11/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Mar. 12, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Fullrich Funeral Home</b>	ADDRESS <b>2008 Orleans St.</b>
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VS 150  
7634Y 37

correct age is especially important. Physicians, please write the cause of death clearly and briefly.

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2440  
Registered No. \_\_\_\_\_

52 2440  
BIRTH NO. \_\_\_\_\_

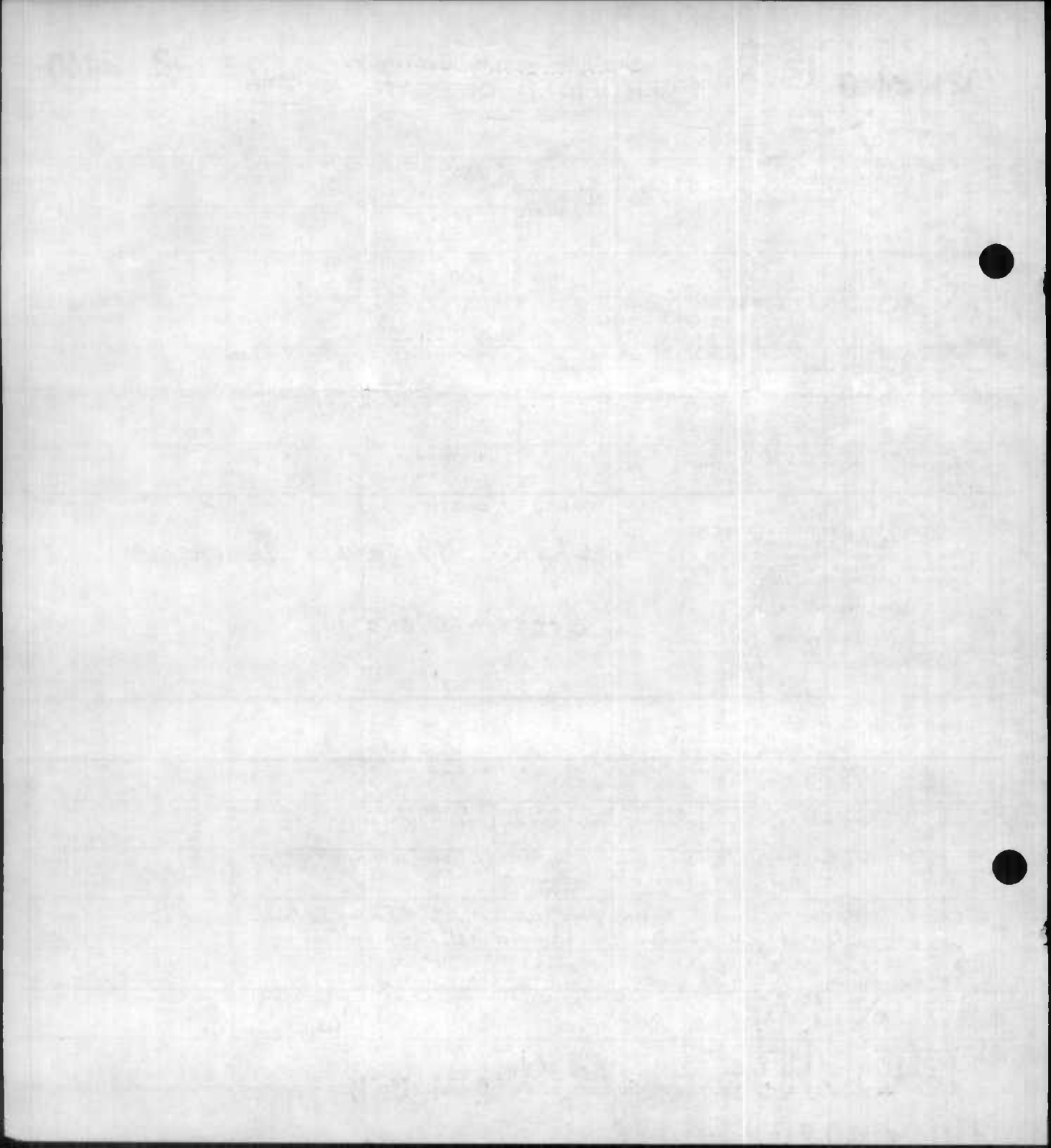
1. NAME OF DECEASED (Type or Print) <b>BERTHA L. HENNING</b>			2. DATE OF DEATH <b>March 9, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>600 S. Fagley St.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>[Redacted]</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore 26-09</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>600 S. Fagley St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 21, 1871</b>		9. AGE (In years last birthday) <b>80</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Busse</b>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Flizabeth Connell 600 S. Fagley St.</b>		

18. <b>4 yr. 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Chronic Myocardial Degeneration ?</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) Arteriosclerosis ?</b> DUE TO		
(C) _____		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 3, 1952** to **March 9, 1952**, that I last saw the deceased alive on **March 7, 1952** and that death occurred at **11:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Garon H. Gaskel</b>	23B. ADDRESS <b>637 S. Conkling St.</b>	23C. DATE SIGNED <b>3-11-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Mar. 12, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>
24D. LOCATION (City, town, or county) (State) <b>Colgate, Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Ullrich Funeral Home 2008 Orleans St.,</b>







*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

600

52 2442

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2442  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARIE LOUISE MURRY</b>		2. DATE OF DEATH <b>Mar 10 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>630 E 35th St</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 9-03</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>630 E 35th St</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 5 1881</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	
13. FATHER'S NAME <b>Frank C Long</b>		14. MOTHER'S MAIDEN NAME <b>Mary Myers</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>✓</b>	
17. INFORMANT <b>Wm J. Murry</b>		ADDRESS <b>Same</b>	

18. <b>760x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>	CAUSE OF DEATH (A) <b>Coronary Thrombosis</b> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerosis</b>	(B) <b>Arteriosclerosis</b> DUE TO	<b>5 yr.</b>
	(C) <b>Diabetes Mellitus</b> DUE TO	<b>5 yr.</b>

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 10, 1951**, to **March 10, 1952**, that I last saw the deceased alive on **3-10**, 1952, and that death occurred at **9 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE **A. A. Ballod** M. D. 23B. ADDRESS **707 Fort Ave.** 23C. DATE SIGNED **3-11-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Mar 13 / 52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Memorial</b>	24D. LOCATION (City, town, or county) (State) <b>Taylor Ave Balto. Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Newkins Sons Co</b>	ADDRESS <b>4905 York Rd</b>

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Pollard

707 E. Fort Ave

618 PM

600  
52 2443BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2443

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT NEWTON BAER

2. DATE  
OF  
DEATH

3-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSPITAL

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

MARYLAND

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

TOWSON

D. STREET ADDRESS (If rural, give location)

DULANEY VALLEY ROAD

5200

5. SEX

Male

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

August 28/1880

9. AGE (in years;  
last birthday)

71

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LAWYER

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

ROBERT N. BAER

14. MOTHER'S MAIDEN NAME

MARY CORNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MISS ELIZABETH BAER (SAME)

18. 332X1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) CEREBRAL THROMBOSIS  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ARTERIO SCLEROSIS  
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 19, 1952, to MARCH 11, 1952, that I last saw the  
deceased alive on MARCH 11, 1952, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

3-11-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-14-1952

24C. NAME OF CEMETERY OR CREMATORY

DRUID RIDGE

24D. LOCATION (City, town, or county)

BALTO. Co.

(State)

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

ADDRESS

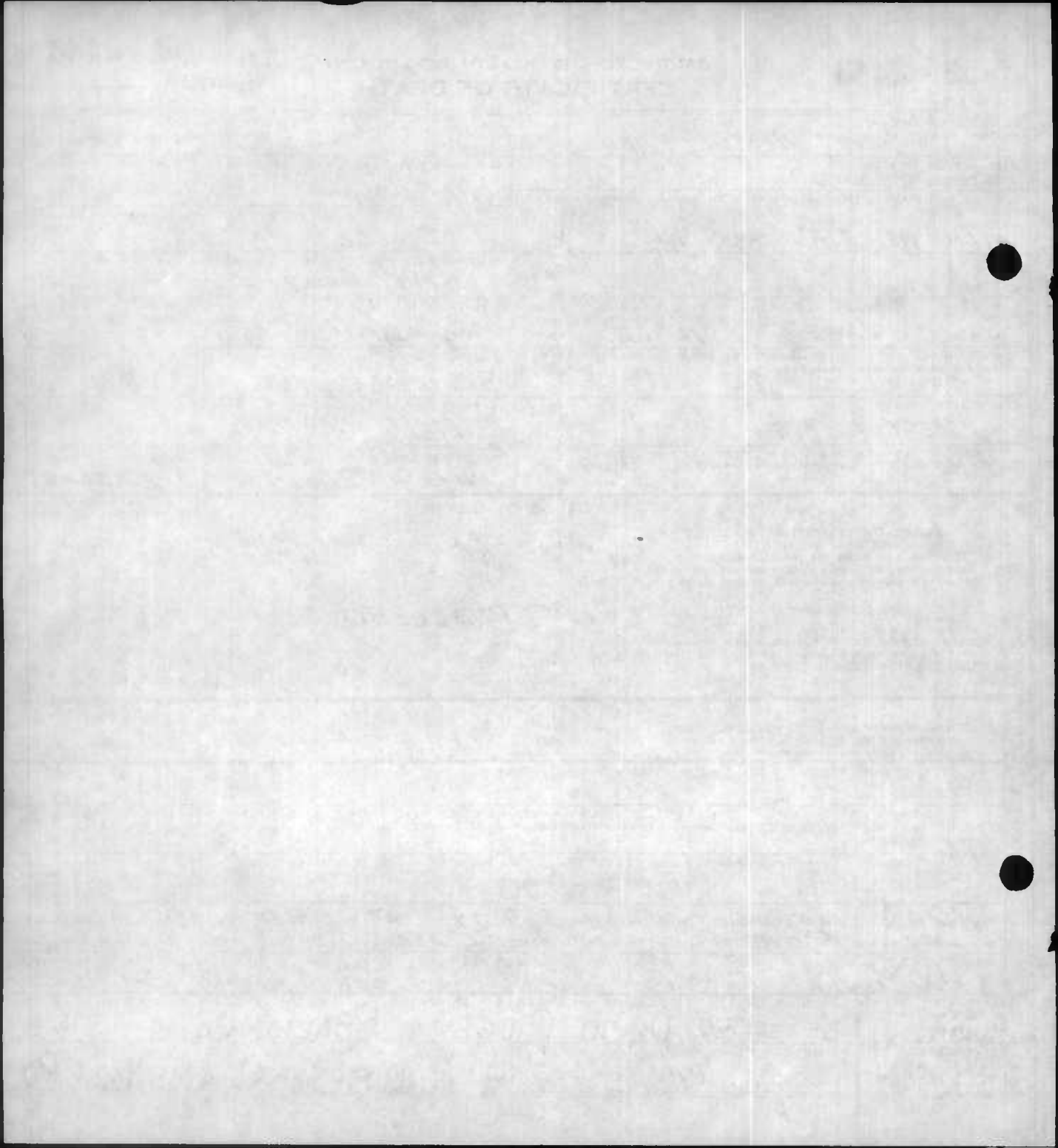
H.W. JENKINS &amp; SONS Co. 4905 YORK RD.

VS 150

05580

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





200  
52 2444BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2444

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Albert Cook

2. DATE  
OF  
DEATH

March 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Rd.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

The Seton Institute

c. Length of stay in Baltimore

Unknown

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Supt.

10B. KIND OF BUSINESS OR INDUSTRY

State School Education

13. FATHER'S NAME

George H. Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

Unknown

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

1-12-73

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

1 28

11. BIRTHPLACE (State or foreign country)

Greencastle, Pa.

12. CITIZEN OF WHAT COUNTRY?

U. S. A. ✓

14. MOTHER'S MAIDEN NAME

Nancy Forney

17. INFORMANT

The Seton Institute

ADDRESS 6420 Reisterstown Rd. Balto. 15

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Virus pneumonia

1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic myocardial deficiency

10 years

DUE TO

General arteriosclerosis

10 years

(C)

Coronary sclerosis

10 years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Psychosis with arteriosclerosis

4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1952, to March 10, 1952, that I last saw the deceased alive on March 10, 1952, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter D. Sakreid

M. D.

23B. ADDRESS

3703 Clark Lane

23C. DATE SIGNED

III-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal--

24B. DATE

3/14/52

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cem.

24D. LOCATION (City, town, or county)

Gettysburg, Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thos. J. Dickner &amp; Sons

ADDRESS

Baltimore, Md.





52 2445

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2445

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clarence Washington, Jr.

2. DATE  
OF  
DEATH

3-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2900-Parkwood

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 13-04C. Length of stay in Baltimore Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war nr dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from Mar 6, 1952, to Mar. 11, 1952, that I last saw the deceased alive on Mar. 8, 1952, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

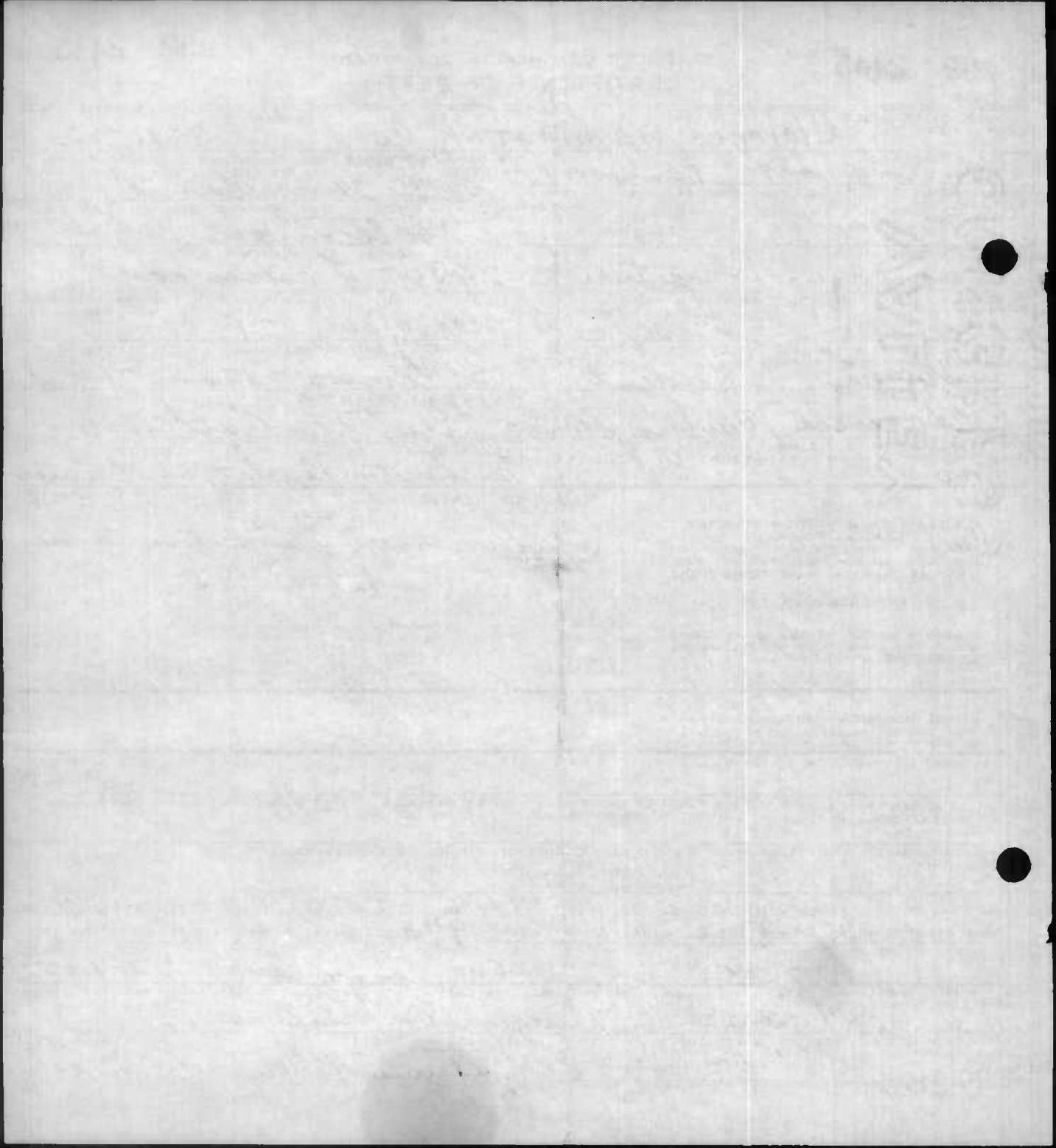
25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1952  
VS 150

Huntington Williams, M.D. 578 W. Biddle St. Baltimore, Md.

2443



650

52 2446

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2446

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Vroom, Mr. George Aaron

2. DATE  
OF  
DEATH

MARCH 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE, Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION700 W. 40<sup>th</sup> STREET.

location)

Home for Incurables of BALTO. Md.

C. Length of stay in Baltimore

22 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 11, 1891

9. AGE (in years  
last birthday)

60

H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

URABANA New York

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

FRANK A. Vroom

14. MOTHER'S MAIDEN NAME

Lilly Lenora Whitehead

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

S.E. Ross, 700 W. 40<sup>th</sup> ST. CITY

ADDRESS

18. 345X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Multiple Sclerosis

22 1/2 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 13, 1952, to March 11, 1952, that I last saw the  
deceased alive on March 10, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

W. S. Repton, Registrar

M. D.

23B. ADDRESS

214 Medical Arts Building

23C. DATE SIGNED

March 11, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar-13-1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

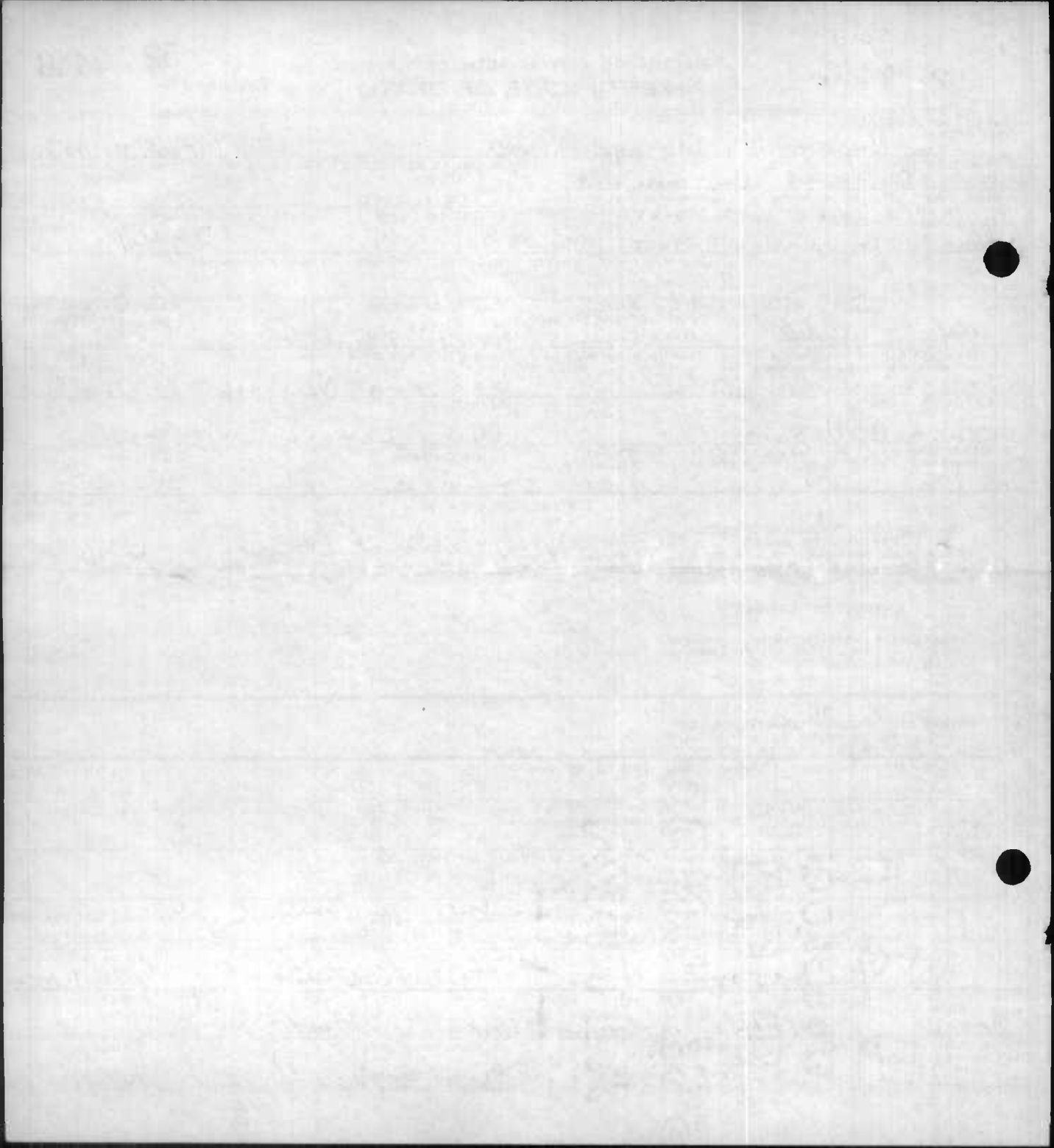
VS 150

49099

City #1.

Correct age is 65 years. Please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



5252 2447

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2447  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Willie Mae Johnson</i>			2. DATE OF DEATH <i>3/10/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>622 Auld st.</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 9-04</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>622 Auld st</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>4/7/29</i>		9. AGE (In years last birthday) <i>22 31</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Robert Johnson</i>		
14. MOTHER'S MAIDEN NAME <i>Annie Mae Hazel</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Annie Mae Johnson Auld st.</i>		

18. <i>290.0 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia</i>		CAUSE OF DEATH <i>Pneumonia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *2/10*, 19*52*, to *3/10*, 19*52*, that I last saw the deceased alive on *3/10*, 19*52*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Louis A. Johnson</i>		23B. ADDRESS <i>2329 Quaker St</i>		23C. DATE SIGNED <i>2/10/52</i>	
---	--	---------------------------------------	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/15/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>		24D. LOCATION (City, town, or county) (State) <i>Cedar Hill md</i>	
--	--	-----------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Edwards &amp; Alstead</i>		ADDRESS <i>918 David Hill ave.</i>	
--	--	---	--	--	--	---------------------------------------	--



THE STATE OF NEW YORK, ss. I, the Clerk of the Senate, do hereby certify that the following is a true and correct copy of the report of the

Commissioners of the State Land Office, as the same appears from the records of the Senate.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Senate at Albany, New York, this 1st day of January, 1914.

CLERK OF THE SENATE

ALBANY, N. Y.

1914

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Marie L. Curtin</b>			2. DATE OF DEATH <b>March 10, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>2237 Sidney Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Md. 25-33</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>2237 Sidney Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 23, 1912</b>	9. AGE (in years - last birthday) <b>40 yrs</b>	If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Charles Kroener</b>			14. MOTHER'S MAIDEN NAME <b>Bessie Brooks</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mr. Alvin D. Curtin, 2237 Sidney Ave.</b>		

MEDICAL CERTIFICATION

18. <b>581.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>America, secondary</b> DUE TO <b>Corrosion of Lungs</b> DUE TO <b>2 years</b>	CAUSE OF DEATH <b>Interval between onset and death</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

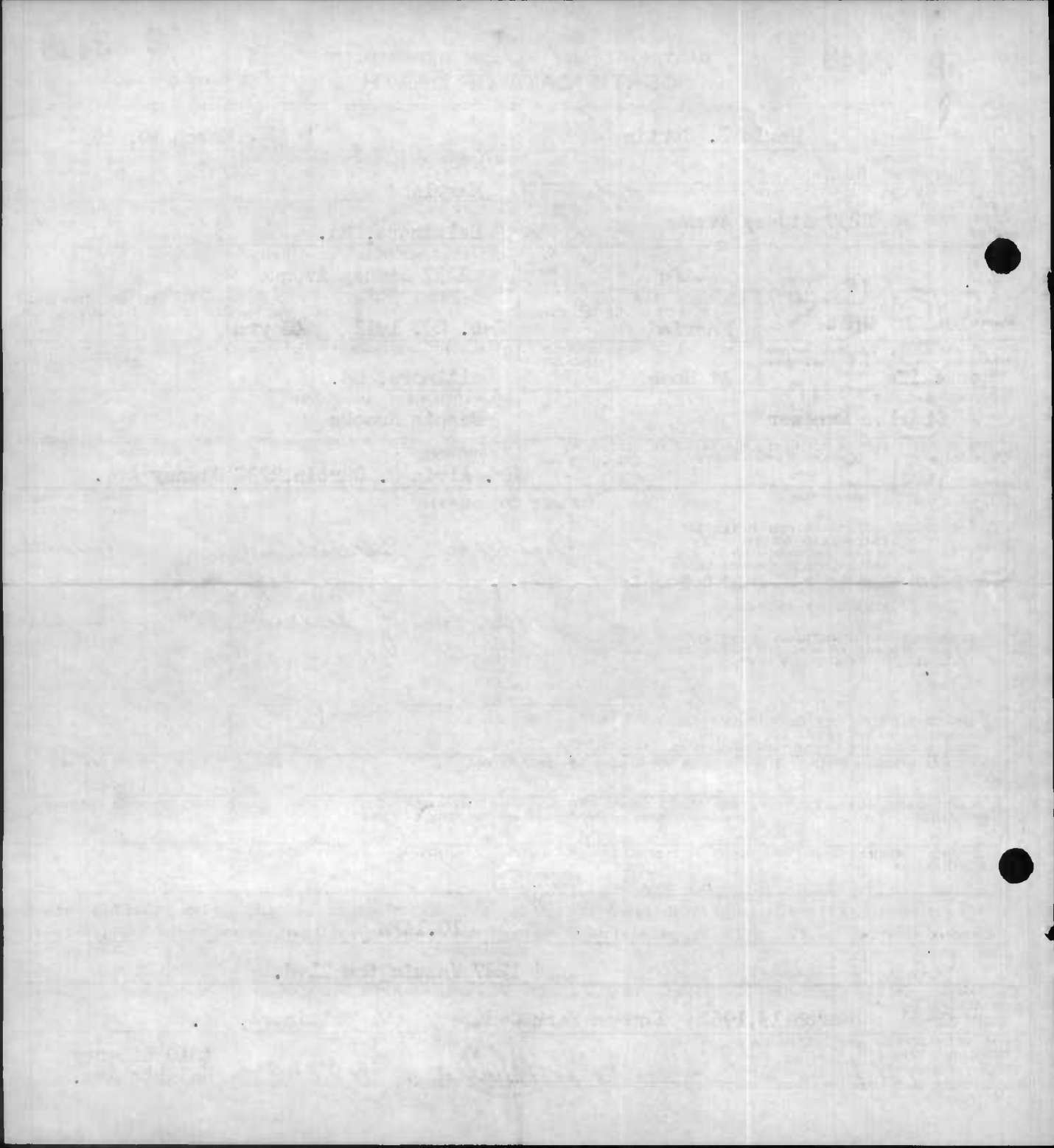
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-20**, 19**50**, to **3-10**, 19**52**, that I last saw the deceased alive on **3-10**, 19**52**, and that death occurred at **10:14 PM**, from the causes and on the date stated above.

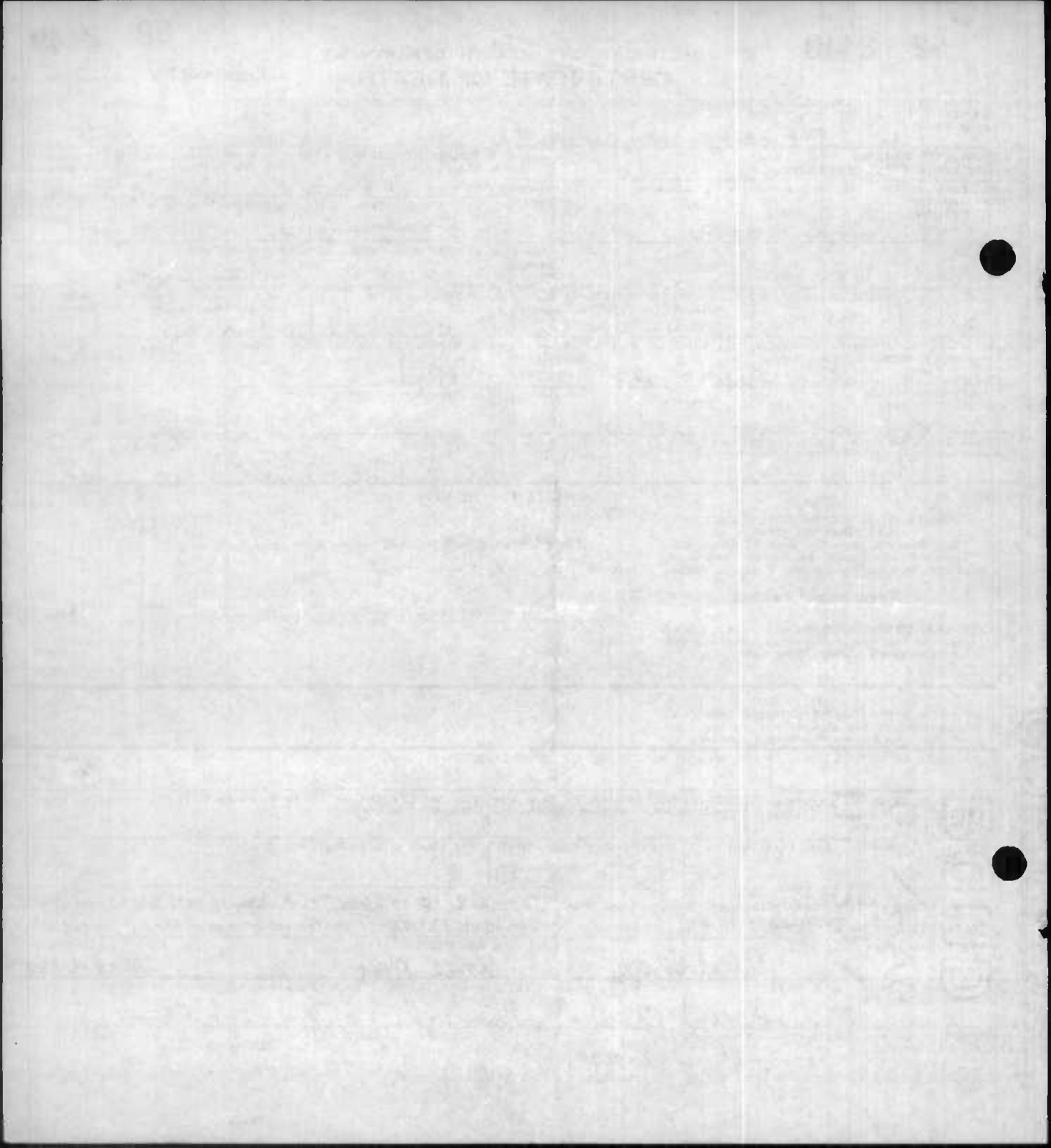
23A. SIGNATURE **John P. Unbeck, Jr.** M. D. 23B. ADDRESS **1227 Washington Blvd.** 23C. DATE SIGNED **3-11-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **March 13, 1952** 24C. NAME OF CEMETERY OR CREMATORY **Loudon Park Cemetery** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 12 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **W. H. Miller** ADDRESS **4510 Liberty Heights Ave.**







52 2450

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2450

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES ABLE

2. DATE  
OF  
DEATH

March 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

509 Claggett Alley

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

UNKNOWN

8. DATE OF BIRTH

4/17/1911

9. AGE (In years  
last birthday)

40.

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

GEN. WORK.

11. BIRTHPLACE (State or foreign country)

WINNSBORO S.C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

DAVID YOUNG, 509 CLAGGETT ST

18. 002X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about house, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3/10/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

3-14-52

24C. NAME OF CEMETERY OR CREMATORY

WINNSBORO CEM

24D. LOCATION (City, town, or county)

WINNSBORO, SOUTH-CAROLINA

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

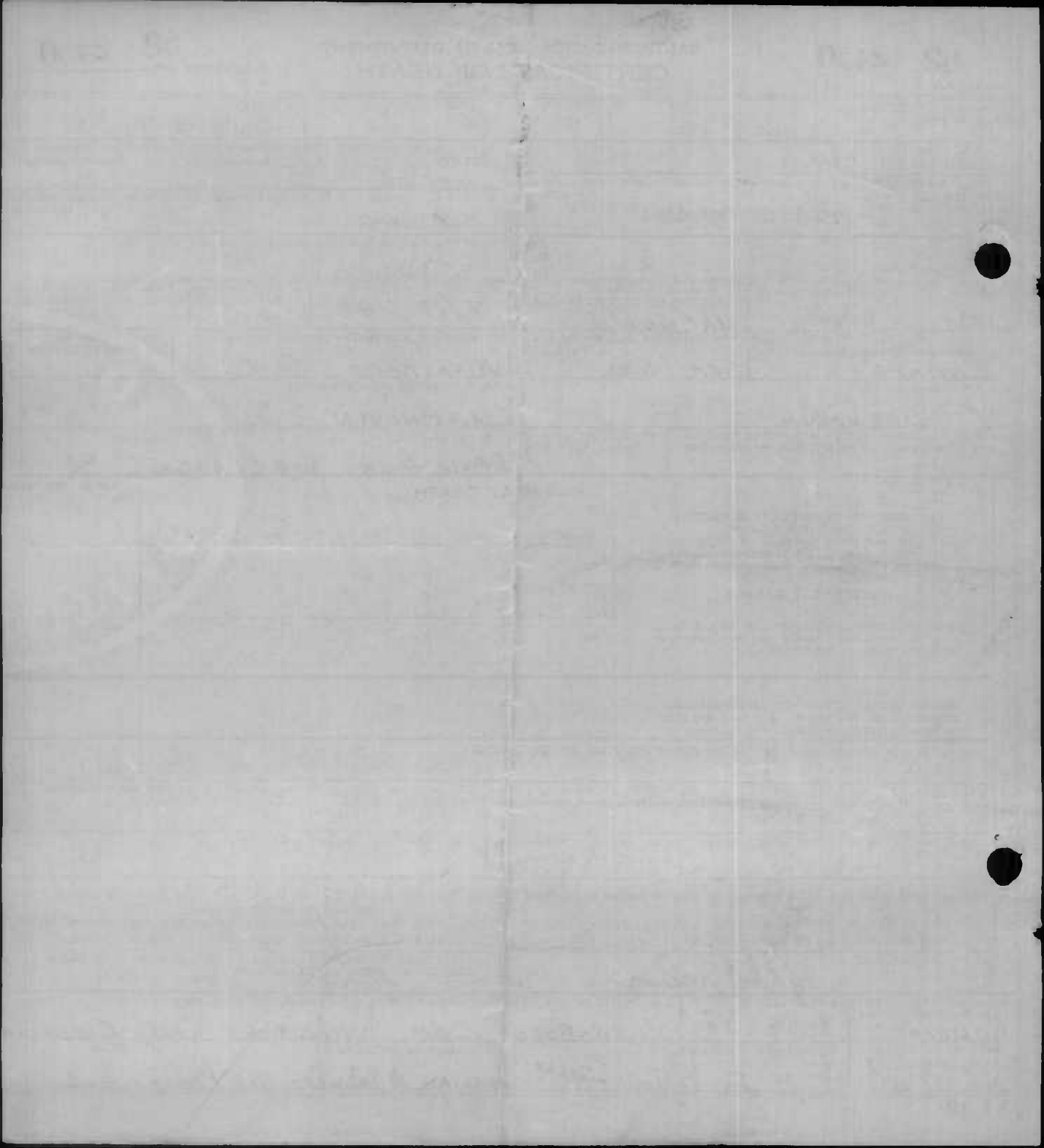
ADDRESS

WILLIAM A. JAMESON 916 PENNA-AVE.

1000

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

1000





650

52 2451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 2451

BIRTH NO. 51-11776

1. NAME OF DECEASED (Type or Print) Richard J. Green

2. DATE OF DEATH 3-10-52

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore

C. CITY OR TOWN BALTIMORE

D. STREET ADDRESS (If rural, give location) 40 N ROLLING ROAD. 5300

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH MAY 28 1951 9. AGE (In years last birthday) 10. Under 1 Year Months: 10 Days: 12 If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTIMORE MD 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME WILLIAM GREEN.

14. MOTHER'S MAIDEN NAME THELMA SEILER.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO 16. SOCIAL SECURITY NO. NONE

17. INFORMANT ADDRESS WILLIAM GREEN 40 N ROLLING RD.

1B. 571.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Dehydration, Acidosis, P

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diarrhea

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1952 to 3-10, 1952, that I last saw the deceased alive on 3-10, 1952 and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE Robert M. Hays Jr. M. O. 23B. ADDRESS University Hospital 23C. DATE SIGNED 3-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24B. DATE MAR 13 1952 24C. NAME OF CEMETERY OR CREMATORY LORRAINE CEMETERY 24D. LOCATION (City, town, or county) (State) WOODLAWN MD.

DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR ADDRESS 7110 BELAIR RD.

VS 150



REPUBLIC OF DENMARK

MINISTRY OF FOREIGN AFFAIRS

[Faint, mostly illegible text covering the main body of the document, likely containing diplomatic correspondence or official records.]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2452**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ELSIE GREEN WASHINGTON (TAKINS)</b>		2. DATE OF DEATH <b>3/11/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>653 Pierce Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
c. Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>653 PIERCE STREET</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>AUG. 17, 1911</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	
13. FATHER'S NAME <b>EDWARD GREEN</b>		11. BIRTHPLACE (State or foreign country) <b>BALTIMORE, MD.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>MANDIE LE E</b>	
17. INFORMANT <b>JEANETTE RAIF(A)</b>		ADDRESS <b>1611 HARLEM AV.</b>	

18. <b>170X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of breast metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **January 2, 1952**, to **March 10, 1952**, that I last saw the deceased alive on **March 10, 1952**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>600 N. Arlington Avenue</b>		23C. DATE SIGNED <b>3-12-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>3/14/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>BALTO. NAT'L CEM.</b>	24D. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S ADDRESS <b>CHAS. G. COOPER - 512 CARROLLTON AV.</b>
--	--	---

VS 150 **7208A Charles G. Cooper**

MEDICAL CERTIFICATION



correct age is especially important. Physicians write the causes of death clearly and legibly.

240  
52 2453  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 2453

1. NAME OF DECEASED (Type or Print) <b>WESLEY, MRS. THERESA</b>				2. DATE OF DEATH <b>MARCH 11, 1952</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHURCH HOME AND HOSPITAL</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>ESSEX</b>			
C. Length of stay in Baltimore <b>35</b> Yrs. <b>35</b> Mths. <b>35</b> Days				D. STREET ADDRESS (If rural, give location) <b>BOX 350 ELK ROAD</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MARCH 28, 1889</b>	
9. AGE (In years last birthday) <b>62</b>		10. Under 1 Year Months: Days: Hours: Min.		11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10B. KIND OF BUSINESS OR INDUSTRY			
13. FATHER'S NAME <b>MAHR, CASPER</b>				14. MOTHER'S MAIDEN NAME <b>SCHMIDT, MARGARET</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>MRS. MARIE KREIBENFELTER</b> ADDRESS <b>BOX 350 ELK ROAD ESSEX-21 MD</b>	
18. <b>170X</b> CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) <b>Carcinoma of the Breast</b>			
ANTECEDENT CAUSES				DUE TO <b>with widespread extension to lungs, lymph nodes</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) <b>✓ Borros</b>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				(C) <b>UNKNOWN</b>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3/7/52</b> , 19 <b>52</b> , to <b>3/11/52</b> , that I last saw the deceased alive on <b>3/11/52</b> , and that death occurred at <b>1:55 A. M.</b> , from the causes and on the date stated above.							
23A. SIGNATURE <b>Dr. M. C. Kerner, Jr.</b> M. O.				23B. ADDRESS <b>Church Home</b>		23C. DATE SIGNED <b>3/11/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>3/14/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Dak Lawn</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Co Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Thurmon Williams</b>		FURNERAL DIRECTOR <b>Wm. J. Murphy</b>		ADDRESS <b>1407 Eastern Ave Rd</b>	

1015

82

1015

WALL

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2454  
Registered No.

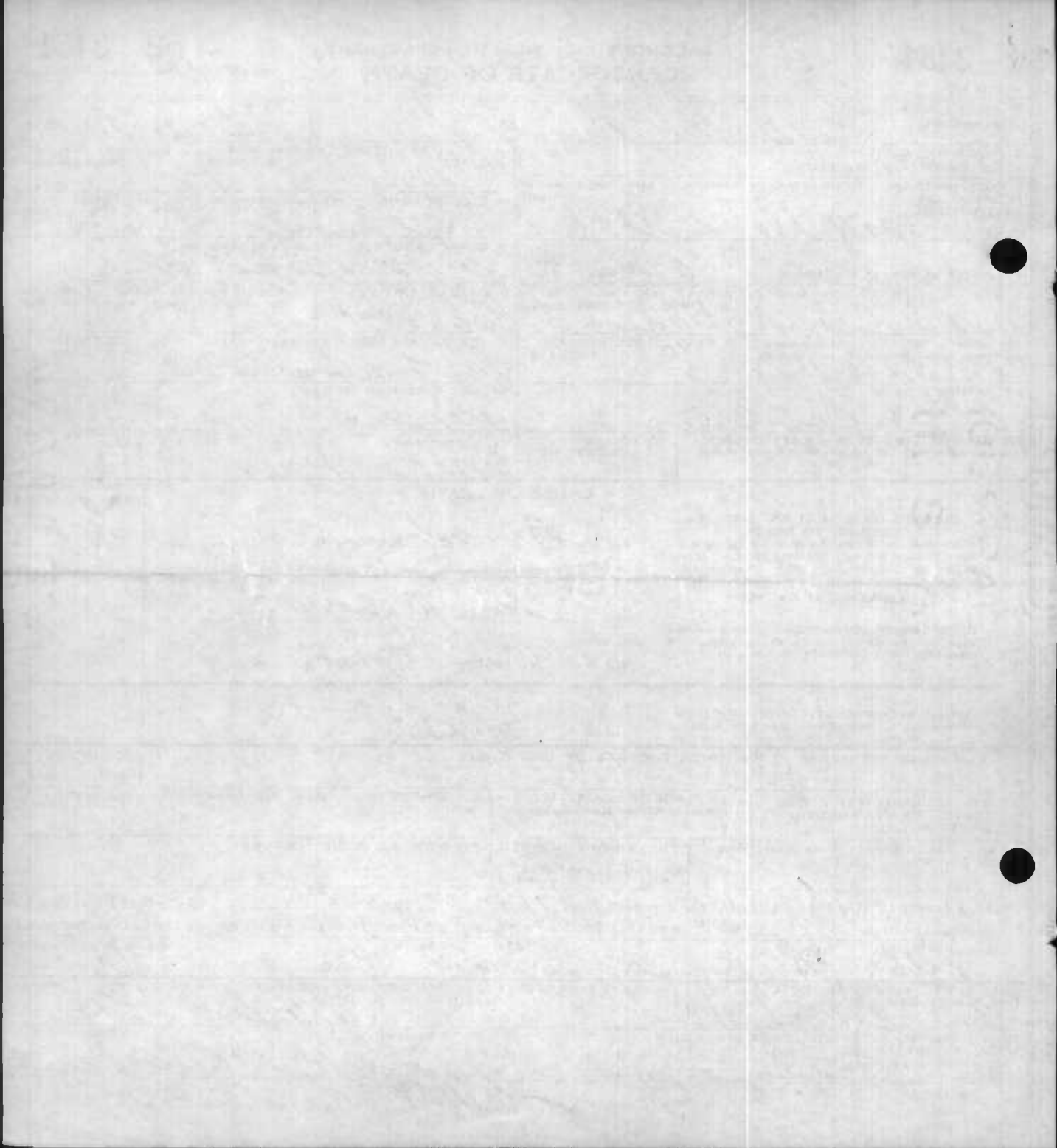
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Batler M. Beasley</i>		2. DATE OF DEATH <i>March 10/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>820 N. Bond St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-05</i>	
5. Length of stay in Baltimore <i>26 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>820 N. Bond St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Oct. 6, 1876</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Retired Laborer</i>		9. AGE (in years last birthday) <i>75</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Caroline County Va.</i>	
13. FATHER'S NAME <i>Albert Beasley</i>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> American	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT <i>Mattie Jones</i>	
		ADDRESS	

18. <i>59rx</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Pneumonia</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Chronic Myocarditis</i> DUE TO (C) <i>Chronic Nephritis</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Senility</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/10</i> , 19 <i>52</i> , to <i>3/10</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3/10</i> , 19 <i>52</i> , and that death occurred at <i>4:45 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Albert O. DeForest</i>		23B. ADDRESS <i>822 N. Bond St</i>		23C. DATE SIGNED <i>3/11/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>March 13/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wilford</i>	
24D. LOCATION (City, town, or county) (State) <i>Wilford Va.</i>		25. FUNERAL DIRECTOR <i>Mr. C. O. Elliott &amp; Daugherty</i>		ADDRESS <i>1124 N. Caroline St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			







650  
52 2455BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2455

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Thomas Warone

2. DATE  
OF  
DEATH

Mar. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Md. Cal 6

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, state RURAL and give township)

Baltimore 5

D. STREET ADDRESS (If rural, give location)

1810 E. Monument St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11-23-94

9. AGE (In years  
last birthday)

57

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR  
INDUSTRY

Own shop

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

U. S. G.

13. FATHER'S NAME

Dominick Warone

14. MOTHER'S MAIDEN NAME

Anna Bacccheri

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 47001

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Anterior Myocardial Infarction

7 wks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Atherosclerotic Heart Disease

DUE TO

(C) Hypertensive Cardiovascular Disease

12 yrs

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Old Posterior Myocardial Infarct

1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-1952 to 3-11-1952, that I last saw the  
deceased alive on 3-11-1952, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Rose

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/11/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1952

William M. Clark, Inc., 1217 St. Paul St.

VS 150

7408F

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

— 22 —

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 2456

1. NAME OF DECEASED  
(Type or Print)

*Harry C. HICKEN, SR.*

2. DATE  
OF  
DEATH

*3. 10. 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*Maryland General Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*13-07*

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

*4152 Falls Rd #11*

5. SEX

*male*

6. COLOR OR RACE

*white*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*m.*

8. DATE OF BIRTH

*March 2, 1888*

9. AGE (in years last birthday)

*64*

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*retired - Book Keeper*

10B. KIND OF BUSINESS OR INDUSTRY

*COAL*

11. BIRTHPLACE (State or foreign country)

*Baltimore*

12. CITIZEN OF WHAT COUNTRY?

*American*

13. FATHER'S NAME

*John George Hicken*

14. MOTHER'S MAIDEN NAME

*Annie E. Shew*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*no*

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*Harry C. Hicken, Jr. 4152 Falls Rd.*

18. *331X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral-vascular accident*

*5 hrs*

DUE TO

*(probably hemorrhage)*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

*Hypertension-arteriosclerotic*

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3. 10*, 1952, to *3. 10*, 1952 that I last saw the deceased alive on *3. 10*, 1952 and that death occurred at *4:35 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Eze-jui Lin*

M. D.

23B. ADDRESS

*Maryland General Hospital*

23C. DATE SIGNED

*3.10.1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*3/13/52*

24C. NAME OF CEMETERY OR CREMATORY

*Woodlawn Cemetery*

24D. LOCATION (City, town, or county)

*Woodlawn, Maryland*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 12 1952*

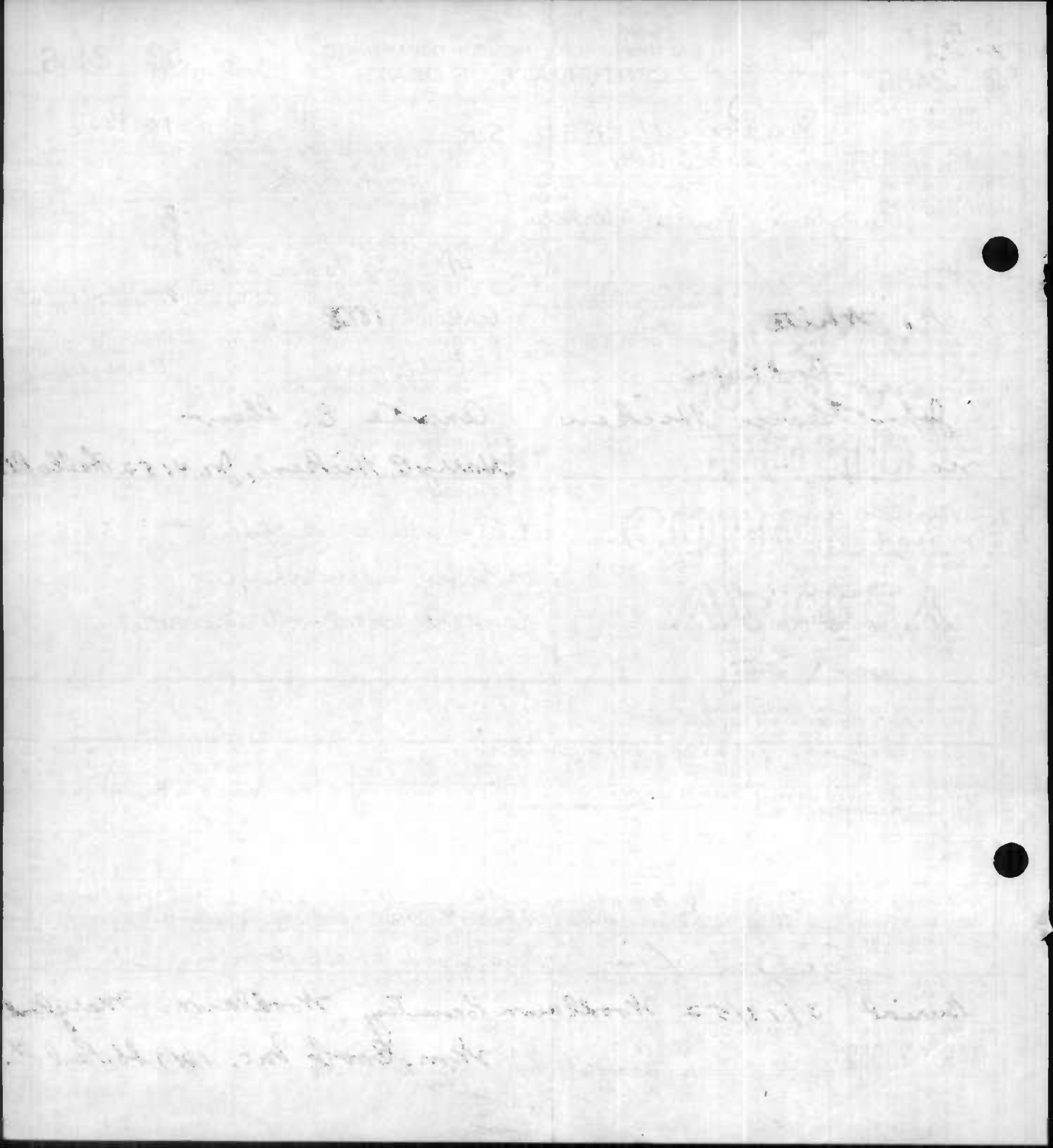
*Huntington Williams, Inc. 1217 St. Paul St.*

VS 150

*3106T*

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



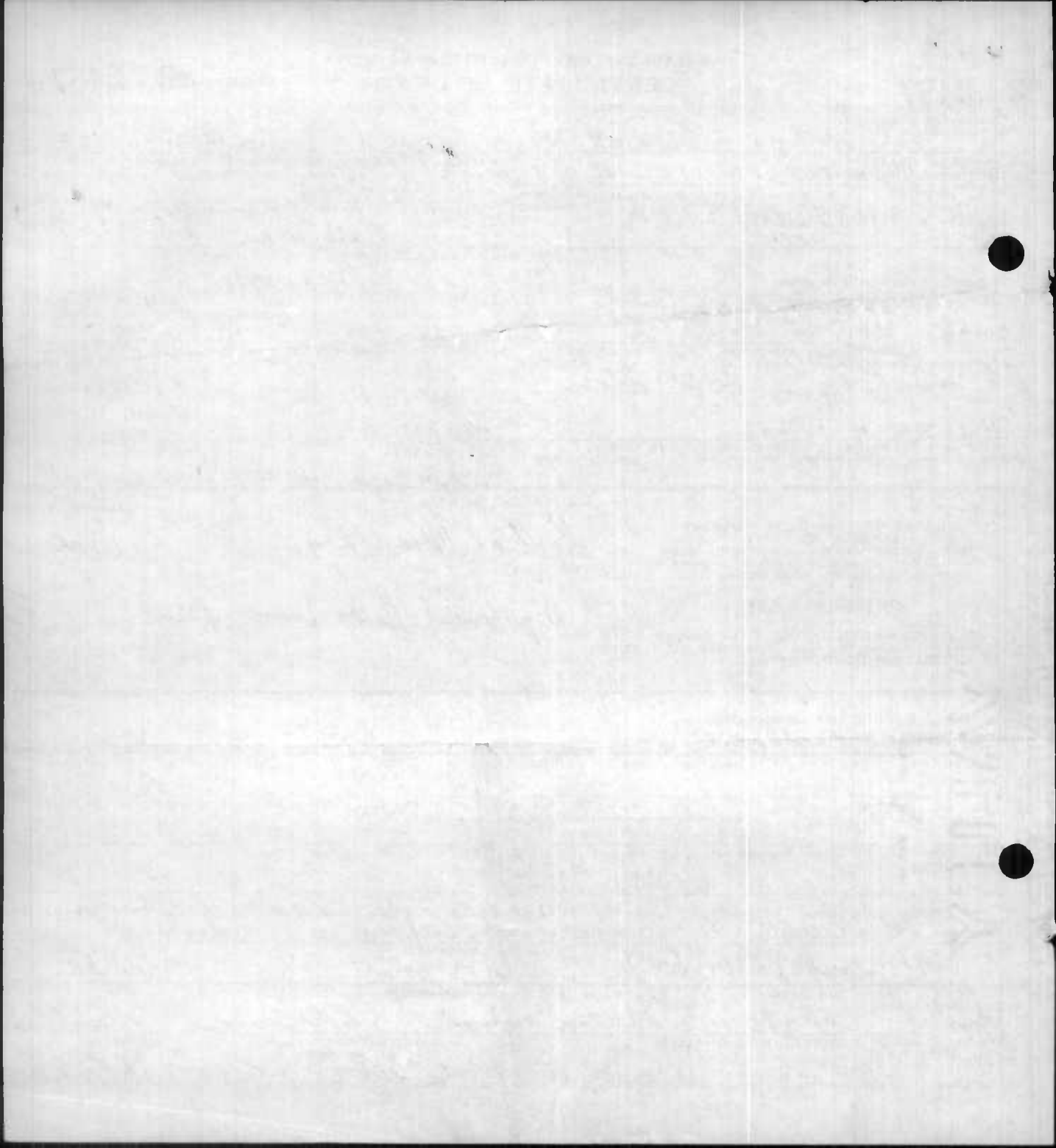
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 58-2457

BIRTH NO. 52-2457

1. NAME OF DECEASED (Type or Print) <u>Miss Minnie Edna Ward</u>			2. DATE OF DEATH <u>MAR. 11, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1400 W. Lexington St</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Aged Women's &amp; Men's HOME</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 19-02</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>1400 W. Lexington St</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>NOV. 20 - 1890</u>	9. AGE (In years last birthday) <u>71</u>	If Under 1 Year Months: <u>3</u> Days: <u>20</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Sales Lady</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Depts. Store</u>		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		
13. FATHER'S NAME <u>William H. Ward</u>			14. MOTHER'S MAIDEN NAME <u>MARY C. MOODY</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Bertha Kopp</u>			ADDRESS <u>1400 W. Lexington St.</u>		
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Central Hemorrhage</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive Cerebr. Vascular Disease</u> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>JANUARY</u> , 1950, to <u>MARCH 11</u> , 1952, that I last saw the deceased alive on <u>MARCH 10</u> , 1952, and that death occurred at <u>3:00 P. M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Harold Edward Day</u>		23B. ADDRESS M. D. <u>4-E-33 St - 18</u>		23C. DATE SIGNED <u>MARCH 11, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/14/52</u>		24C. NAME OF CEMETERY <u>Green Mount</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>		25. FUNERAL DIRECTOR <u>Wm. Cook &amp; Son, Inc., 1217 St. Paul St</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 12 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>			





correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2458

600  
52 2458

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>ANNA BEHR</b>		2. DATE OF DEATH <b>March 10, 1952.</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>619 S. Decker Ave.</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <b>Life</b> Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>1-01</b>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>1108 S. Curley St.</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 15, 1864</b>	9. AGE (In years last birthday) <b>87</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>House Work.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Frank Schmittle</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT ADDRESS <b>Caroline Kahlert 619 S. Decker Ave.</b>	
18. <b>4221 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>none</b>		CAUSE OF DEATH (A) <b>Arteriosclerosis C. V. Disease</b> DUE TO (B) <b>Chronic Emphysema</b> DUE TO (C) <b>Myocardial Failure.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-15-51</b> <b>2-15-51</b> <b>3-1-52</b>	
19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <b>none</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21C. WHERE DID INJURY OCCUR? <b>none</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>none</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>none</b>	
22. I hereby certify that I attended the deceased from <b>2-15</b> to <b>3-10</b> , 19 <b>52</b> that I last saw the deceased alive on <b>3-9</b> , 19 <b>52</b> , and that death occurred at <b>11:10 A.M.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>E. Schimmuck</b>		23B. ADDRESS <b>8428 East Ave</b>		23C. DATE SIGNED <b>3-11-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>March 15, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>7401 German Hill Rd. Ba. Co., Md.</b>		DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>	
FUNERAL DIRECTOR <b>Charles S. Feiler</b>		ADDRESS <b>901 S. Conkling St.</b>			





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52 2459**

**520**  
**52 2459**  
BIRTH NO.

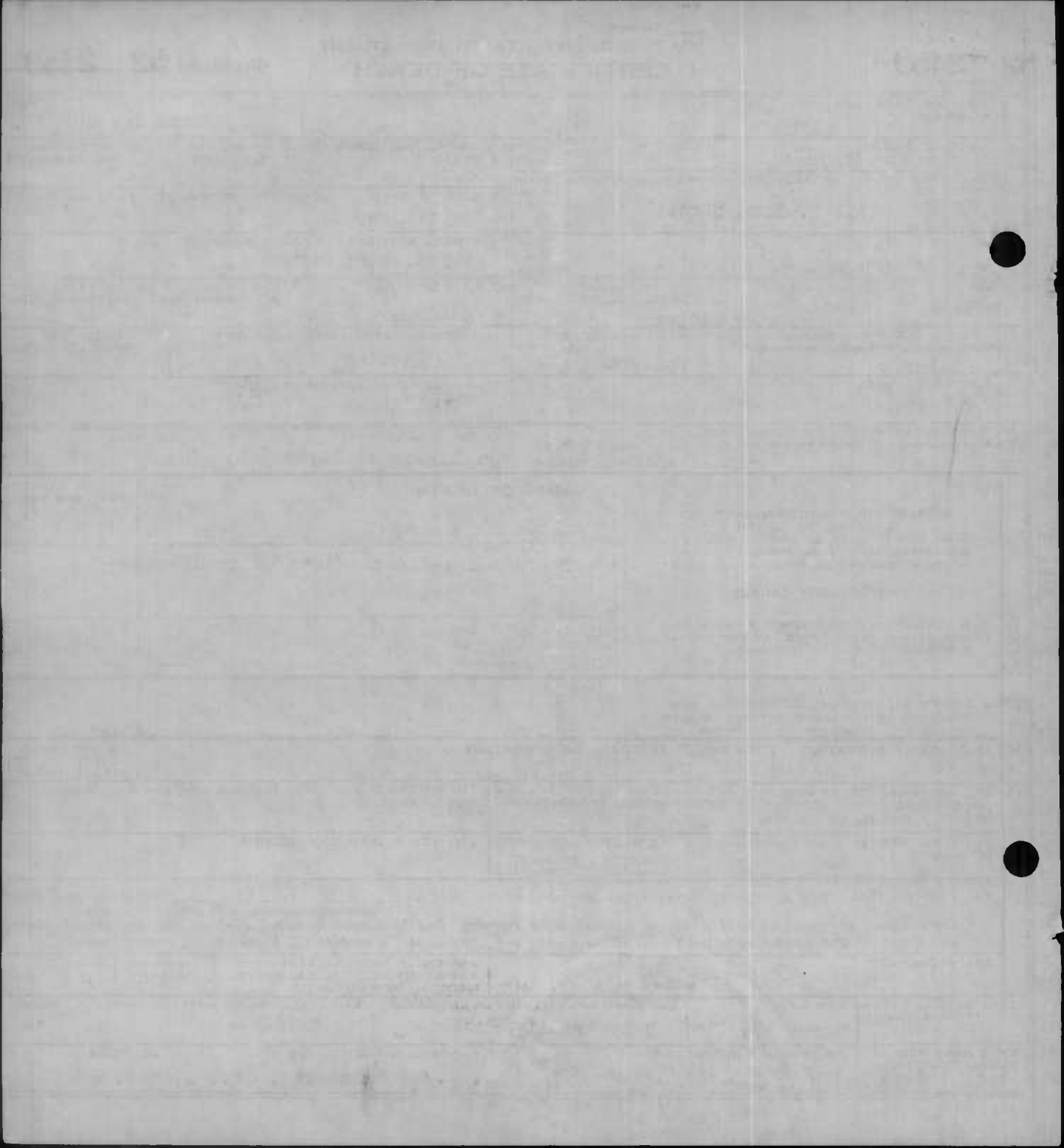
1. NAME OF DECEASED (Type or Print) <b>ANDREW PUNKO</b>			2. DATE OF DEATH <b>March 10, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>301</b> C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) <b>512 S. Bond Street</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>512 S. Bond Street</b>			E. LENGTH OF STAY IN BALTIMORE Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Not known</b>	9. AGE (In years last birthday) <b>75?</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		
11. BIRTHPLACE (State or foreign country) <b>Russian</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>? Punko</b>			14. MOTHER'S MAIDEN NAME <b>Not Known</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>705-12-0154</b>		
17. INFORMANT <b>Mr. Alexander Yurkewich, 3516 Woodland Ave.</b>			ADDRESS		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Bronchopneumonia</b> DUE TO <b>arteriosclerotic cardiovascular disease</b> (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>B. J. Fisher</b>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>March 12, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>March 13, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Trinity Russian</b>	
24D. LOCATION (City, town, or county) <b>Elkridge, Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>		24F. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
24G. FUNERAL DIRECTOR <b>J. A. Prellackas, Jr.</b>		24H. ADDRESS <b>1905 E. Pratt</b>		24I. DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>	



256  
52 2460BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2460

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 260x

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Thrombosis  
DUE TO

6 mos

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis 10 yrs  
DUE TO  
(C) Diabetes Mellitus ?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Peripheral vascular disease 2 yrs  
Coronary Arteriosclerosis 2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Mar 9, 1952, that I last saw the deceased alive on Mar 8, 1952, and that death occurred at 12:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2461**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**GEORGE DIXON**

2. DATE  
OF  
DEATH

**March 9, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**University Hospital**

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE  
**Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**603 S. Paca Street**

5. SEX

**Male**

6. COLOR OR RACE

**Colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Single**

8. DATE OF BIRTH

**Sept. 19, 1916**

9. AGE (in years last birthday)

**35**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Cahuffuer**

10B. KIND OF BUSINESS OR INDUSTRY

**Transfer Co.**

11. BIRTHPLACE (State or foreign country)

**South Carolina**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Grave Dixon**

14. MOTHER'S MAIDEN NAME

**Mattie Dixon**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**NO**

16. SOCIAL SECURITY NO.

**251-07-6811**

17. INFORMANT

ADDRESS

**Mary Samuel 515 Conway St**

18. **E 981X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

**Gunshot wound of the chest**

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (o.g., in or about home, farm, factory, street, office bldg., etc.)

**street**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Fremont and Conway Streets**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**3/9/52 4:00 p.m.**

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**firearms**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, **homicide** ☒, undetermined ☐.

23A. SIGNATURE

**R. S. Fisher**

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**3/10/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**3/16/1952**

24C. NAME OF CEMETERY OR CREMATORY

**Orangeburg S.C.**

24D. LOCATION (City, town, or county)

**Orangeburg S.C.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**Elroy W. Wilson 1000 Brantly Ave**

V S 151

**N-862.4**

**97052**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

(20)



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2462  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Rosa Taylor*

2. DATE  
OF  
DEATH

*March 7, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*md.*

B. FULL NAME OF HOSPITAL OR INSTITUTION

*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore*

D. STREET ADDRESS (If rural, give location)

*1813 W. Mulberry St.*

c. Length of stay in Baltimore *19 Yrs.*

Yrs.  
Mos.  
Days

5. SEX

*Female Colored*

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*Widow*

8. DATE OF BIRTH

*6-2-1900*

9. AGE (In years last birthday)

10. Under 1 Year Months Days  
11. Under 24 Hours Hours Min.

*57*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

*At Home*

11. BIRTHPLACE (State or foreign country)

*Exmore Va.*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*Curtis Savage*

14. MOTHER'S MAIDEN NAME

*Martha Revelle*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*

18. *175X I*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

*? Pulmonary Embolism*

INTERVAL BETWEEN ONSET AND DEATH

*Sudden*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

*Carcinomatosis  
Carcinoma of Ovary*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

*Mar. 5, 1952*

19B. MAJOR FINDINGS OF OPERATION

*Carcinomatosis*

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3-3*, 1952, to *3-7*, 1952, that I last saw the deceased alive on *3-7*, 1952 and that death occurred at *755 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Richard Rowak*

23B. ADDRESS

*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

*Mar. 8, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*3-12-52*

24C. NAME OF CEMETERY OR CREMATORY

*Western Sub*

24D. LOCATION (City, town, or county)

*Fultonville*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

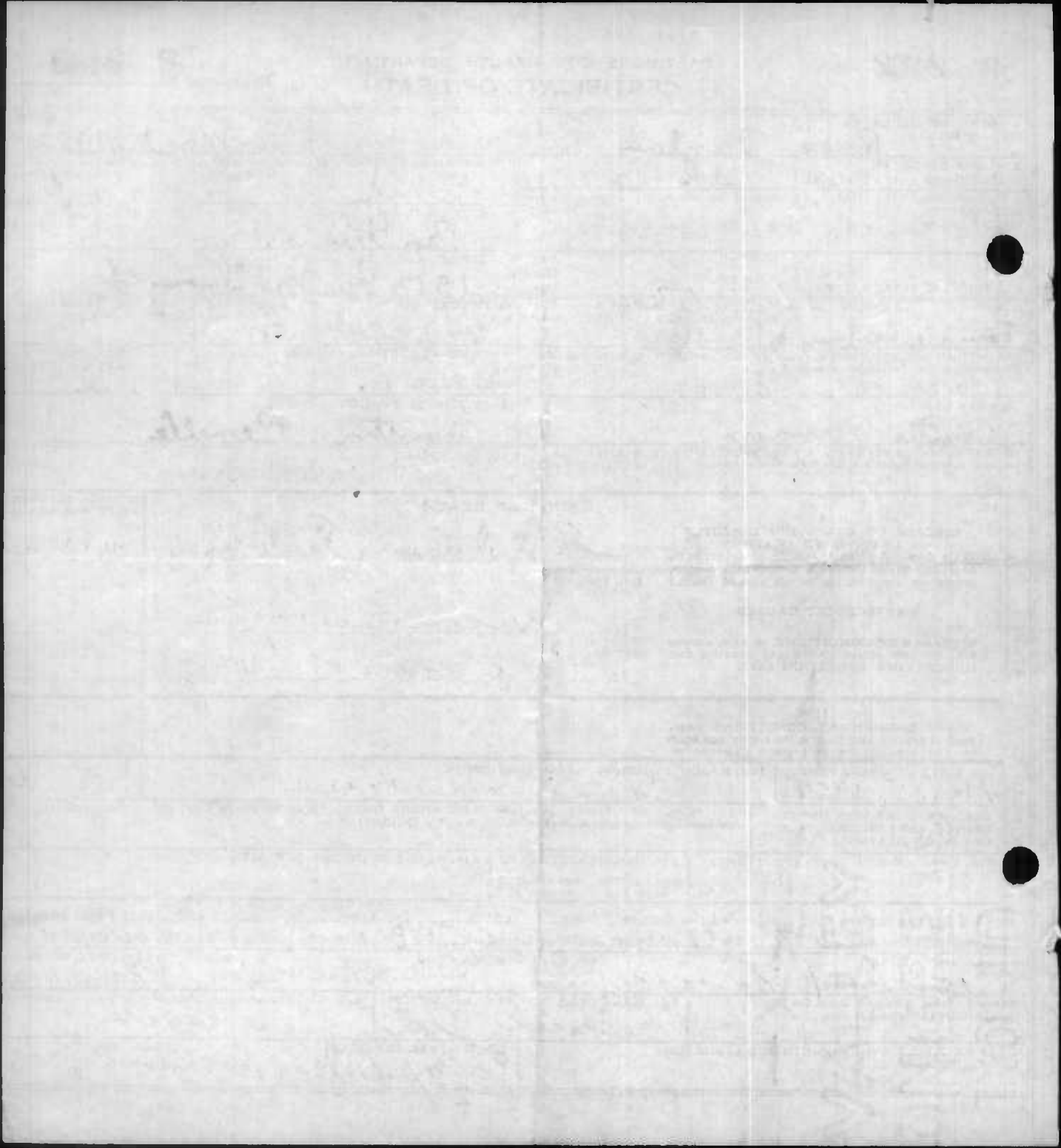
ADDRESS

*Ethel Wilson 1000 Bunting Ave*

VS 150

correct age is especially important. Physicians: please state the causes of death clearly and legibly.

EDICAL CERTIFICATION



652  
652  
CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 2463

BIRTH NO. 52 2463

1. NAME OF DECEASED (Type or Print) <b>HELEN ELIZABETH TURNAGE</b>		2. DATE OF DEATH <b>March 11, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Prince Georges</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Jail</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>About 2</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>4 N. Carey Street Rural</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>8-20-1920</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clark</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>William Tremblay</b>		14. MOTHER'S MAIDEN NAME <b>Ethel Johns</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <b>Mr. &amp; Mrs. Wm. Tremblay, Landover, Md.</b>	

18. 581.0 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Fatty liver**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

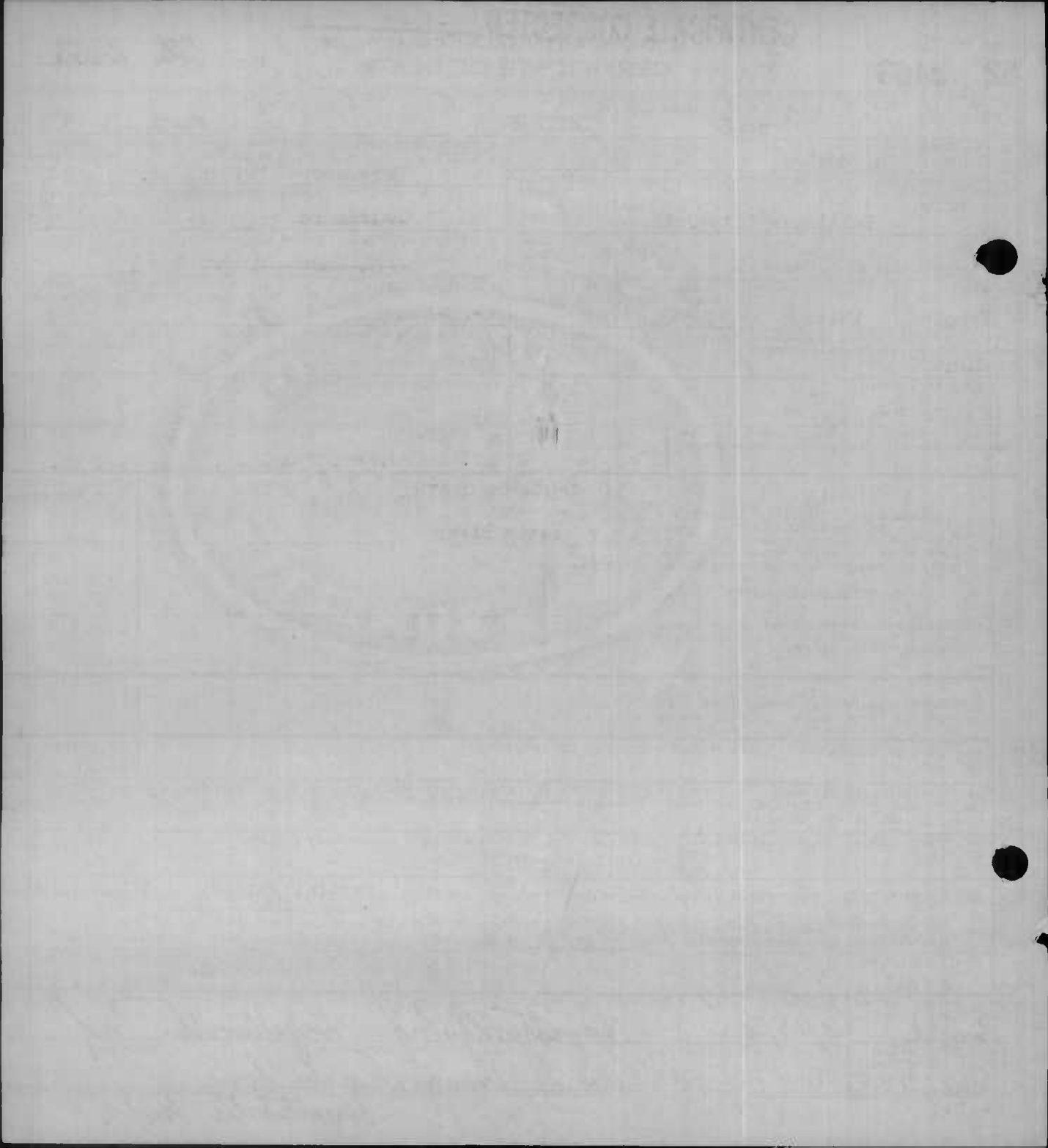
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE **William V. Smith** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED **March 11, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>3/12/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Kayattsville Ind</b>	24D. LOCATION (City, town, or county) (State) <b>Kyattsville Ind</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Francis &amp; Esch Sons</b>	ADDRESS <b>Kyattsville Ind</b>



17600  
52 2464

Meier  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2464  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Meier, Alice</b>			2. DATE OF DEATH <b>3-12-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>20-03</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Univ. of Md. Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>4 1/2 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>1925 W. Lombard</b>		
5. SEX <b>W F</b>	6. COLOR OR RACE <b>W</b>	7. <del>SINGLE</del> MARRIED, <del>WIDOWED</del> <del>DIVORCED</del> (Specify) <b>SEPARATED</b>	8. DATE OF BIRTH <b>MARCH 1, 1868</b>		9. AGE (in years last birthday) <b>84</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	11. BIRTHPLACE (State or foreign country) <b>WEST VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13. FATHER'S NAME <b>WILLIAM LANCASTER</b>			14. MOTHER'S MAIDEN NAME <b>JANE COOK</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT ADDRESS	

18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebro-vascular Accident</b> DUE TO <b>Anterio-sclerotic Cardiovascular disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>7 wks.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-1**, 19**52** to **3-12**, 19**52** at I last saw the deceased alive on **3-12**, 19**52** and that death occurred at **8" A.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>John M. Schwalb</b>	23B. ADDRESS <b>4407 Clinch</b>	23C. DATE SIGNED <b>3-12-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>3-15-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET</b>
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, MD.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Geo. F. Schwalb 2101 Frederick Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EDICAL CERTIFICATION

CHITRAKUTAM DEVI



230

2465

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2465

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bernard A. Hucht

2. DATE  
OF  
DEATH

3/10/52 3 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1906 W. Lexington St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto 20

D. STREET ADDRESS (If rural, give location)

1906 W. Lexington St.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Male

White

Widowed

8. DATE OF BIRTH

2/24/1881

9. AGE (in years  
last birthday)

71

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Goldberg's Clothing

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Harry Hucht

14. MOTHER'S MAIDEN NAME

Mary Imwald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

220-05-2219

17. INFORMANT

Schwartz

1908

W. Lexington St.

18. 200.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Lymphosarcoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

Months

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Biopsy of lymph node

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1951, to 3/10, 1952, that I last saw the  
deceased alive on 3/6, 1952, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

James Nolan

M. D.

23B. ADDRESS

6014 Edmondson Ave

23C. DATE SIGNED

3/12/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/13/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Balto. Co. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St.



Q115 92

11/2/80

Q115 92

Q115 92

Q115 92

Q115 92

600  
52 2466BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 2466  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Thomas Parr

2. DATE  
OF  
DEATH

Mar. 9, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

540 Dolphin St.

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

52 yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 6, 1877

9. AGE (In years  
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Matchman

10b. KIND OF BUSINESS OR  
INDUSTRY

Oil plant

11. BIRTHPLACE (State or foreign country)

Fairfield, S.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Parr

14. MOTHER'S MAIDEN NAME

Angie Lattie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

217-05-8135

17. INFORMANT

ADDRESS 540

18. 4/20/1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Coronary Heart Disease  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_INTERVAL BETWEEN  
ONSET AND DEATH

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

Edenford P. Muesenden

M. D.

23B. ADDRESS

2309 Dund Hill

23C. DATE SIGNED

3-12-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 1 21952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

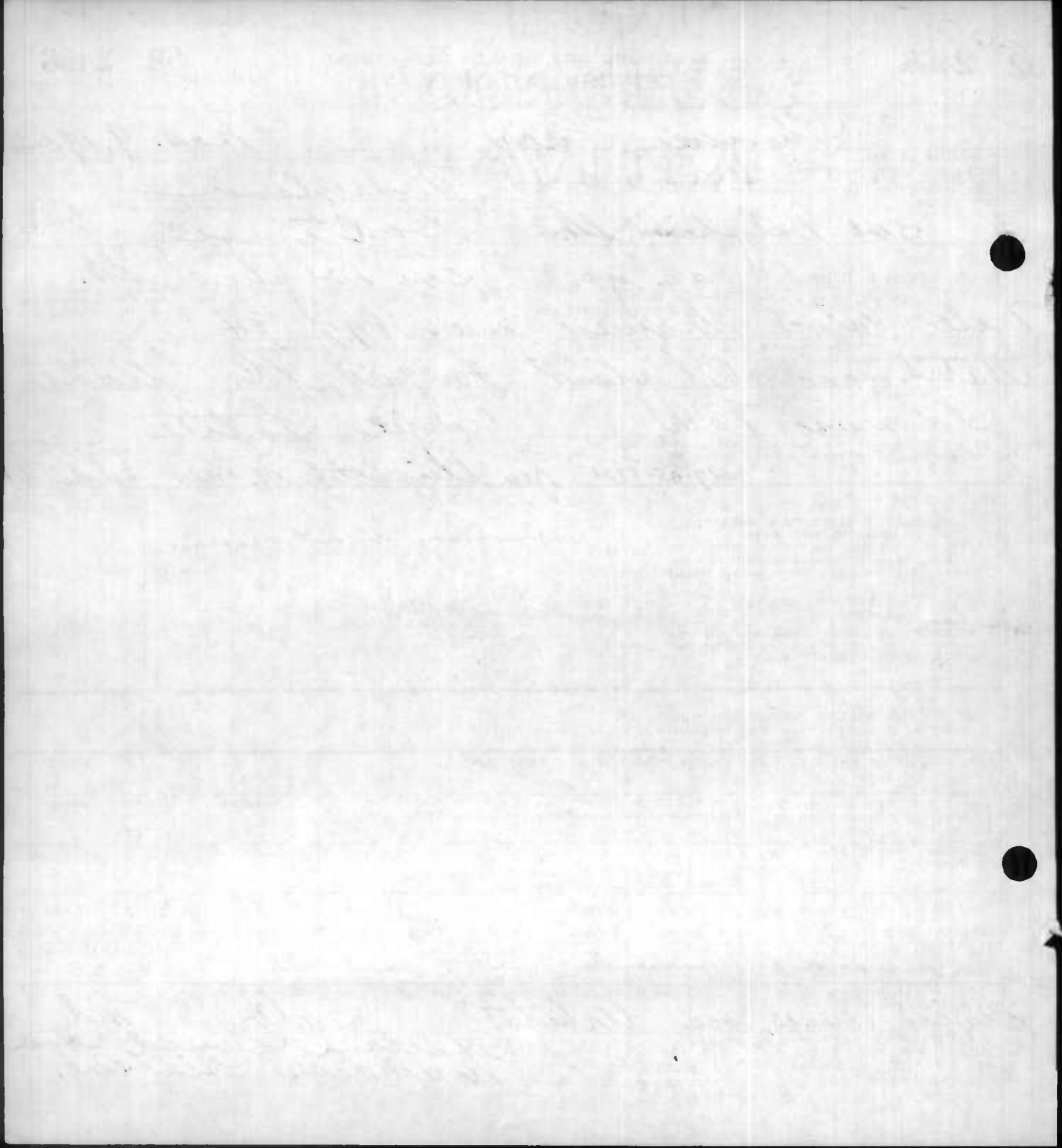
25. FUNERAL DIRECTOR

Hall's Funeral Home

ADDRESS

1621 Dund Hill Ave.

1952 76345



correct age is especially important. Physicians: please write the causes of death and registry.

255  
52 2467

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2467  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELEANORA PASKINIENE

2. DATE  
OF  
DEATH

3-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

1826 W Baltimore St

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days  
1 year

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1826 W Balto St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

13. FATHER'S NAME

TELAFORAS DRUKTIENIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

None

B. DATE OF BIRTH

Feb-21-1952

9. AGE (in years  
last birthday)

68

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

(RAGAUTSKITE)

17. INFORMANT

DR. DANQUOUE EGIENE BUIVYS

ADDRESS SRMC.

18. 416 X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Embolism, left

2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease

20 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 3-5, 1952 to 3-7, 1952 that I last saw the  
deceased alive on 3-7, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Urlock, Jr

M. D.

23B. ADDRESS

1227 Washington Blvd

23C. DATE SIGNED

3-9-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/11/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BELAIR RD BALTO MD.

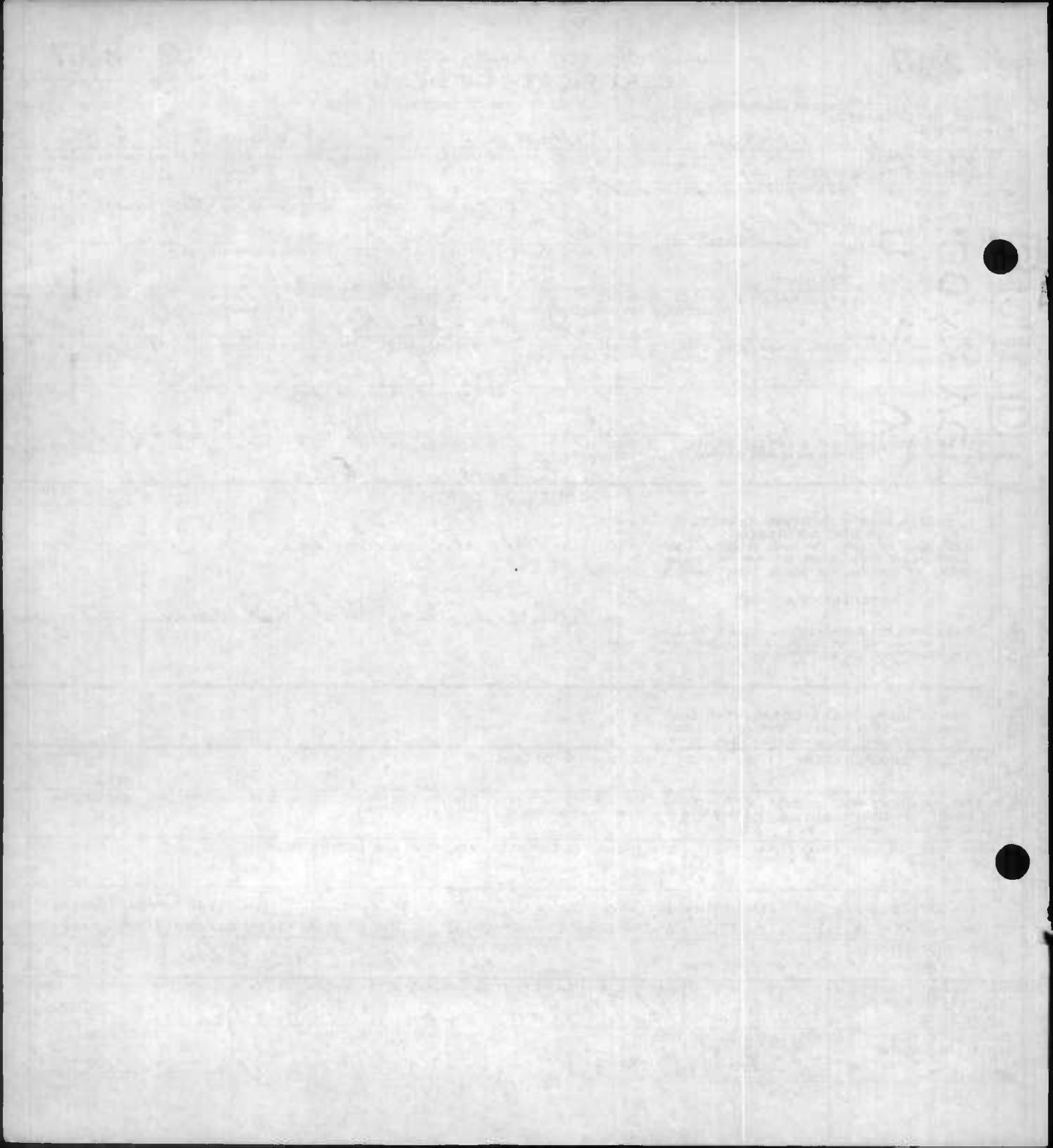
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

AS. W. KACHASKAS 703 McHENRY ST.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2468**

**536**  
BIRTH NO. **52 2468**

1. NAME OF DECEASED (Type or Print) <b>ANDREWS, CHARLES</b>			2. DATE OF DEATH <b>3/12/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>UNIV. HOSP.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>KENT</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIV. HOSP.</b>			C. CITY OR TOWN <b>—</b>		
c. Length of stay in Baltimore <b>—</b>			D. STREET ADDRESS (If rural, give location) <b>ROCK HALL 6400</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1883</b>		9. AGE (In years last birthday) <b>69</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>—</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>ARTHUR ANDREWS</b>			14. MOTHER'S MAIDEN NAME <b>MARY JOINER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT ADDRESS <b>MRS. BERTHA ANDREWS ROCK HALL, MD.</b>		

18. <b>177X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CARCINOMA of PROSTATE</b> DUE TO <b>CACHEXIA</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>CACHEXIA</b> (C) <b>—</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>—</b>		

19A. DATE OF OPERATION <b>12/14/52</b>	19B. MAJOR FINDINGS OF OPERATION <b>ORCHIECTOMY - ATROPHIC TESTICLES</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>—</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>—</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>—</b>

22. I hereby certify that I attended the deceased from **FEB. 27<sup>th</sup>**, 19**52**, to **MAR. 12<sup>th</sup>**, 19**52**, that I last saw the deceased alive on **3/12**, 19**52**, and that death occurred at **7:00 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Samuel Clyman</b>	23B. ADDRESS <b>University Hospital</b>	23C. DATE SIGNED <b>3/12/52</b>
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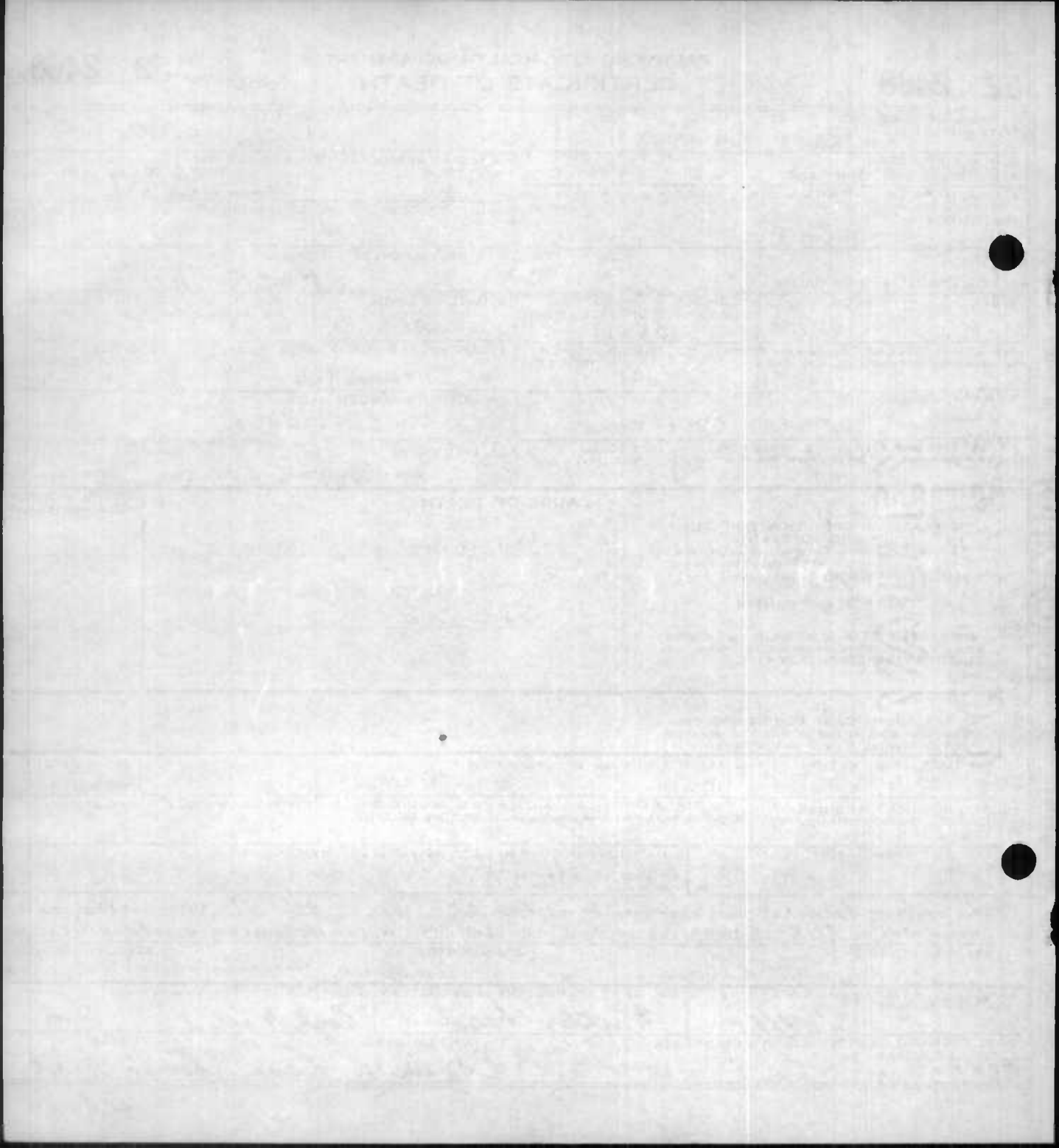
24A. BURIAL CREMATION, REMOVAL (Specify) <b>—</b>	24B. DATE <b>3/14/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Wentley Chapel</b>	24D. LOCATION (City, town, or county) (State) <b>Rock Hall, MD</b>
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 12 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Edgar L. Lane</b>	ADDRESS <b>Church Hill</b>
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correct age is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION







correct age is especially important. Physicians: please write the causes of death clearly and legibly.

635  
2 2469

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2469  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Stella K. Hardin</i>			2. DATE OF DEATH <i>3-11-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Phoenix</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Phoenix.</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>5200</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Oct 13, 1928</i>	9. AGE (in years, last birthday) <i>23</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waitress</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>restaurant</i>	11. BIRTHPLACE (State or foreign country) <i>Virginia.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>
13. FATHER'S NAME <i>William B. Gaultney</i>			14. MOTHER'S MAIDEN NAME <i>Cora E Barker.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. —	17. INFORMANT <i>Hosp. Records</i> ADDRESS		
18. <i>260x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diabetes Mellitus</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 11, 1952</i> , to <i>March 11, 1952</i> , that I last saw the deceased alive on <i>March 11, 1952</i> , and that death occurred at <i>10:55 Pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>George S. Dalton</i> M. D.			23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>3-12-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
<i>Buried March 15, 1952</i>		<i>March 15, 1952</i>	<i>Poplar Methodist</i>		<i>Cockeysville, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>L. Scott Brodsky, Sparks, Md</i> ADDRESS	

78464



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**BABY GIRL COLE**

2. DATE OF DEATH

**Mar 4, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

**HLH - PM**

B. FULL NAME OF HOSPITAL OR INSTITUTION

**THE JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**MARYLAND**

B. COUNTY

**Baroness**

C. CITY OR TOWN

**Ridgely**

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

**5600**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**FEMALE**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**BABY**

8. DATE OF BIRTH

**3-3-52**

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

**1**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

**MARYLAND**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**NAT. COLE**

14. MOTHER'S MAIDEN NAME

**MARY**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**THE JOHNS HOPKINS HOSPITAL**

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Prematurity**  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)   
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3-3-1952** to **3-4-1952**, that I last saw the deceased alive on **3-4-1952** and that death occurred at **11:40 pm**, from the causes and on the date stated above.

23A. SIGNATURE

**Thos. M. Philip**

M. O.

23B. ADDRESS

**THE JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**MAR 13 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

**2400**

**Hospital Disposal**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Race		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of City Clerk	
16. Signature of Burial Officer		17. Signature of Undertaker		18. Signature of Funeral Home		19. Signature of Cemetery		20. Signature of Burial Place	
21. Signature of Burial Place		22. Signature of Burial Place		23. Signature of Burial Place		24. Signature of Burial Place		25. Signature of Burial Place	
26. Signature of Burial Place		27. Signature of Burial Place		28. Signature of Burial Place		29. Signature of Burial Place		30. Signature of Burial Place	
31. Signature of Burial Place		32. Signature of Burial Place		33. Signature of Burial Place		34. Signature of Burial Place		35. Signature of Burial Place	
36. Signature of Burial Place		37. Signature of Burial Place		38. Signature of Burial Place		39. Signature of Burial Place		40. Signature of Burial Place	
41. Signature of Burial Place		42. Signature of Burial Place		43. Signature of Burial Place		44. Signature of Burial Place		45. Signature of Burial Place	
46. Signature of Burial Place		47. Signature of Burial Place		48. Signature of Burial Place		49. Signature of Burial Place		50. Signature of Burial Place	
51. Signature of Burial Place		52. Signature of Burial Place		53. Signature of Burial Place		54. Signature of Burial Place		55. Signature of Burial Place	
56. Signature of Burial Place		57. Signature of Burial Place		58. Signature of Burial Place		59. Signature of Burial Place		60. Signature of Burial Place	
61. Signature of Burial Place		62. Signature of Burial Place		63. Signature of Burial Place		64. Signature of Burial Place		65. Signature of Burial Place	
66. Signature of Burial Place		67. Signature of Burial Place		68. Signature of Burial Place		69. Signature of Burial Place		70. Signature of Burial Place	
71. Signature of Burial Place		72. Signature of Burial Place		73. Signature of Burial Place		74. Signature of Burial Place		75. Signature of Burial Place	
76. Signature of Burial Place		77. Signature of Burial Place		78. Signature of Burial Place		79. Signature of Burial Place		80. Signature of Burial Place	
81. Signature of Burial Place		82. Signature of Burial Place		83. Signature of Burial Place		84. Signature of Burial Place		85. Signature of Burial Place	
86. Signature of Burial Place		87. Signature of Burial Place		88. Signature of Burial Place		89. Signature of Burial Place		90. Signature of Burial Place	
91. Signature of Burial Place		92. Signature of Burial Place		93. Signature of Burial Place		94. Signature of Burial Place		95. Signature of Burial Place	
96. Signature of Burial Place		97. Signature of Burial Place		98. Signature of Burial Place		99. Signature of Burial Place		100. Signature of Burial Place	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2471  
Registered No. \_\_\_\_\_

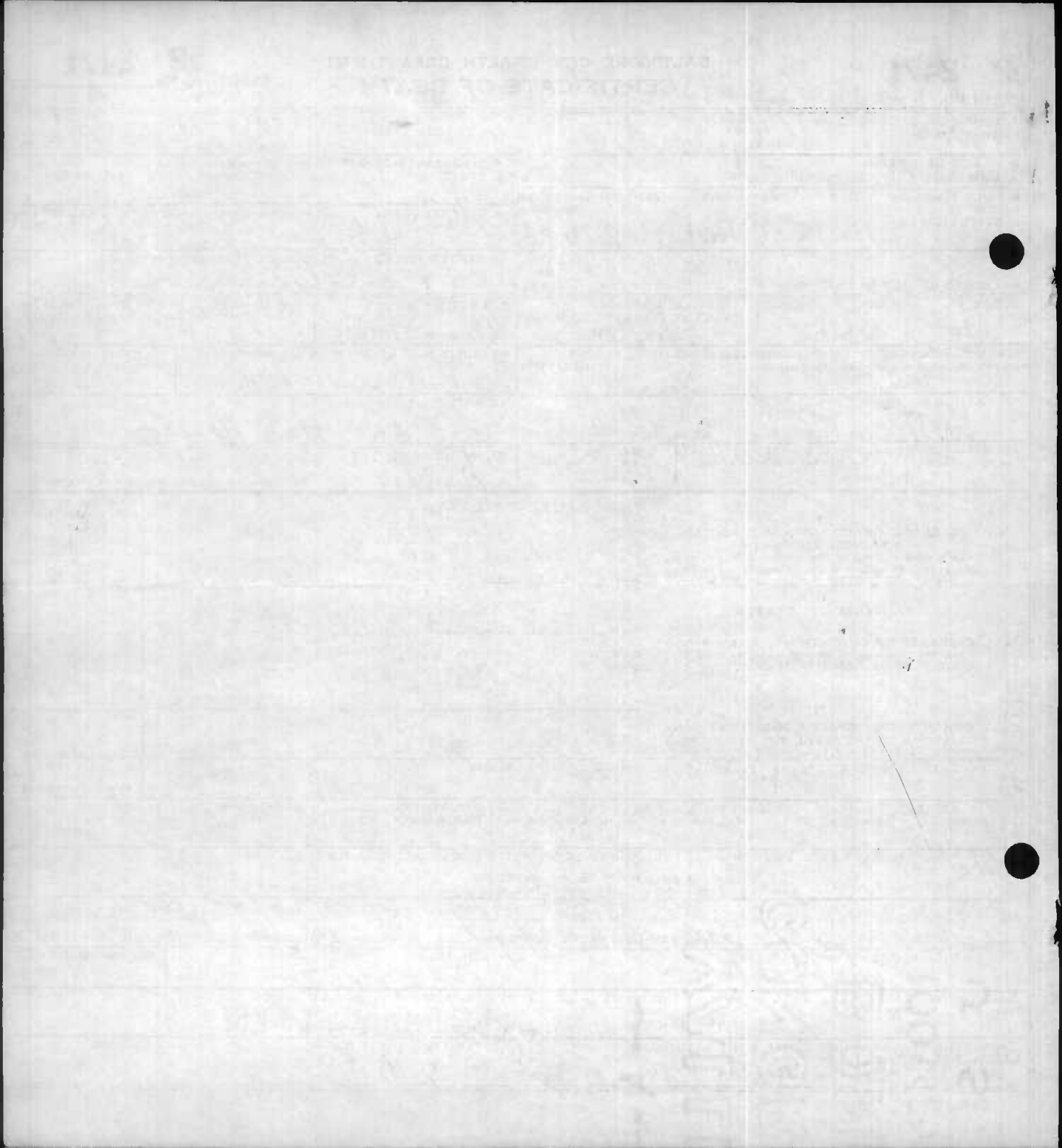
400  
52 2471  
BIRTH NO. 52-05422

1. NAME OF DECEASED (Type or Print) <i>Baby Galli</i>		2. DATE OF DEATH <i>March 2, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>2319 N. Calvert St., Balt., Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-04</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2319 N. Calvert St.</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>March 2, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>3-5</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>William John Galli</i>		14. MOTHER'S MAIDEN NAME <i>Edna Mac Queen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Mother</i>		ADDRESS <i>as above</i>	

18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Asphyxia</i> DUE TO  (B) <i>Premature Birth</i> DUE TO  (C) _____	INTERVAL BETWEEN ONSET AND DEATH  <i>3-5 min.</i>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/7, 1952</i> to <i>20/7, 1952</i> , that I last saw the deceased alive on <i>3/7, 1952</i> , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>[Signature]</i>		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>002469</i>		ADDRESS	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2472  
Registered No.

300  
52 2472  
BIRTH NO. 52-04801

1. NAME OF DECEASED (Type or Print) <b>Leon Scott, Jr.</b>			2. DATE OF DEATH <b>March 1, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>The Johns Hopkins Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>229 North Bruce Street - 23</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>February 29, 1952</b>		9. AGE (in years last birthday) <b>1</b> <b>9</b> <b>39</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Leon Scott</b>			14. MOTHER'S MAIDEN NAME <b>Marie Butts (583869)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Hospital Records</b> ✓		

18. <b>763.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Prematurity</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>2/29/</b> , 1952, to <b>3/1</b> , 1952, that I last saw the deceased alive on <b>3/1</b> , 1952, and that death occurred at <b>3.00P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Frank Busby</b>		23B. ADDRESS <b>The Johns Hopkins Hospital</b>		23C. DATE SIGNED <b>3/3/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 13 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>0 2 4 7 0</b>		ADDRESS	



pat.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52 2473**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**RALPH E. BROOKS**

2. DATE  
OF  
DEATH

**March 11, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2509 Ashton Street**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

**Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2509 Ashton Street**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**single**

8. DATE OF BIRTH

**8-23-1921**

9. AGE (in years last birthday)

**30**

10 Under 1 Year  
Months: Days

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

*general*

11. BIRTHPLACE (State or foreign country)

**Baltimore, Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Samuel W. Brooks**

14. MOTHER'S MAIDEN NAME

**Katie L. Riser**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.  
**212-16-9593**

17. INFORMANT

ADDRESS

**John R. Brooks-1103 N. Montford Avenue**

18. **416 X I**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

**Rheumatic heart disease**

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

*Stanley H. Overlander*

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED  
**March 12, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**3-14-52**

**Lorraine Park**

**Ind**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**MAR 13 1952**

*Huntington Williams, M.D.*

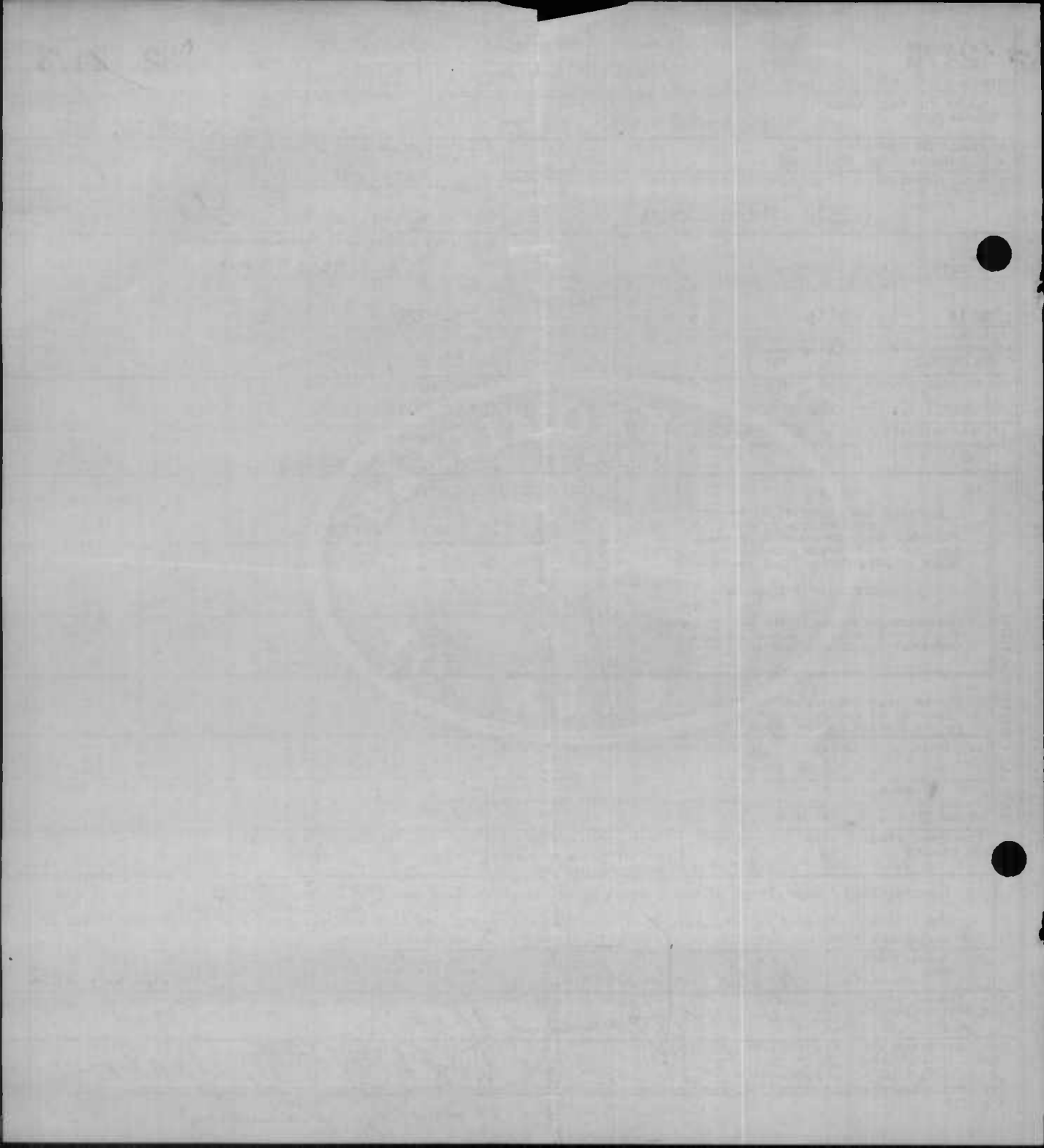
*1014 E. B. M. Walters*

V S 151

**97099** *Grady Stricker*

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 2474

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 2474

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

None

16. SOCIAL  
SECURITY NO.

None

2. DATE  
OF  
DEATH4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Md.

B. COUNTY

Dorchester

C. CITY OR TOWN

Vienna

D. STREET ADDRESS (If rural, give location)

R 310.

8. DATE OF BIRTH

5-18-81

9. AGE (In years,  
last birthday)

70

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Harriet

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-1952 to 3-11-1952, that I last saw the  
deceased alive on 3-11-1952, and that death occurred at 11:15 A. M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

DATE RECEIVED BY  
LOCAL REGISTRAR

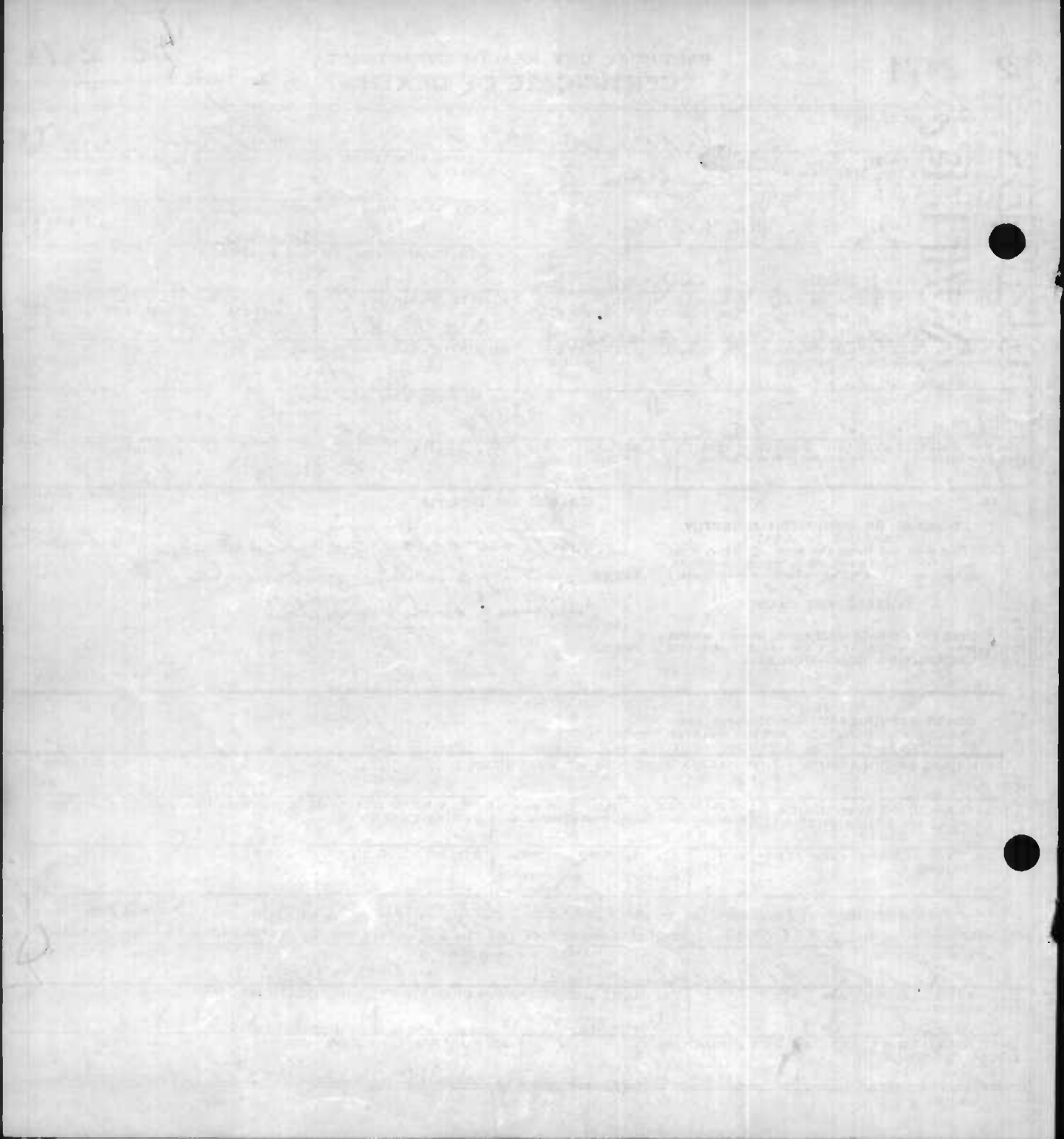
REGISTRAR'S SIGNATURE

ADDRESS

VS 150

correct age is especially important. Physicians: write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 2475

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Frederick Kaiss.

2. DATE  
OF  
DEATH

March 12. 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

4700 Hampton Ave  
Pine Ridge Nursing Home.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, write full name, and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

5311 Carter Ave.

c. Length of stay in Baltimore

Life

5. SEX

Male.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower.

8. DATE OF BIRTH

April 7. 1866.

9. AGE (In years last birthday)

85.

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Carpenter.

10B. KIND OF BUSINESS OR INDUSTRY

B & O. R. R.

11. BIRTHPLACE (State or foreign country)

Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None.

17. INFORMANT

ADDRESS

Mr Albert Kaiss 7102 DeerField Rd.

18. 4222

**CAUSE OF DEATH**

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pneumonia - Bacterial (Hypostatic)

3 Days

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Hypertension

5 years

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1951, to Wed, 12, 1952 that I last saw the deceased alive on 3-12, 1952 and that death occurred at        m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-15-1952.

Loudon Park Cemetery.

Balto

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1952

Huntington Williams

Lansford Funeral Home 7401 Belair Rd.

Dr. Fordy  
5106 Hartford.  
8-9 am 6-8 pm  
Except Wed & Sun



# For Medical Examiner's Approval

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Ernestine Zamorska (TENR B. ZAMOISKI)*

2. DATE OF DEATH

*3/12/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Sinai Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION  
(If not in hospital or institution, give street address or location)

*Sinai Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore*

*ETD*

D. STREET ADDRESS (If rural, give location)

*6701 Park Heights Ave*

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

*Female*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*W*

8. DATE OF BIRTH

*Jan. 18, 1871*

9. AGE (In years last birthday)

*81 (8-3)*

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*House wife*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore Md*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Salman Bernstein*

14. MOTHER'S MAIDEN NAME

*Beckia*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Joseph Katz - Same*

18. *E903.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

*Subdural hemorrhage + hematoma*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

*Fractured skull*

DUE TO

(C)

*Trauma*

CERTIFICATION APPROVED BY

*R. B. Fisher*

M. D.

CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Paget's Disease, ASCVD*

19A. DATE OF OPERATION

*3/11/52*

19B. MAJOR FINDINGS OF OPERATION

*subdural hematoma*

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

*home*

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

*Arlington Park Apt. 27-20*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

*3/11/52*

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

*slipped & fell at home to floor*

22. I hereby certify that I attended the deceased from *3/11, 1952* to *3/12, 1952* that I last saw the deceased alive on *3/12, 1952* and that death occurred at *12 a m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Joseph B. Fisher*

23B. ADDRESS

*Sinai Hospital*

23C. DATE SIGNED

*3/12/52*

24A. BURIAL CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*3-12-52*

24C. NAME OF CEMETERY OR CREMATORY

*Baltimore Hebrew*

24D. LOCATION (City, town, or county)

*Balto*

(State)

*Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

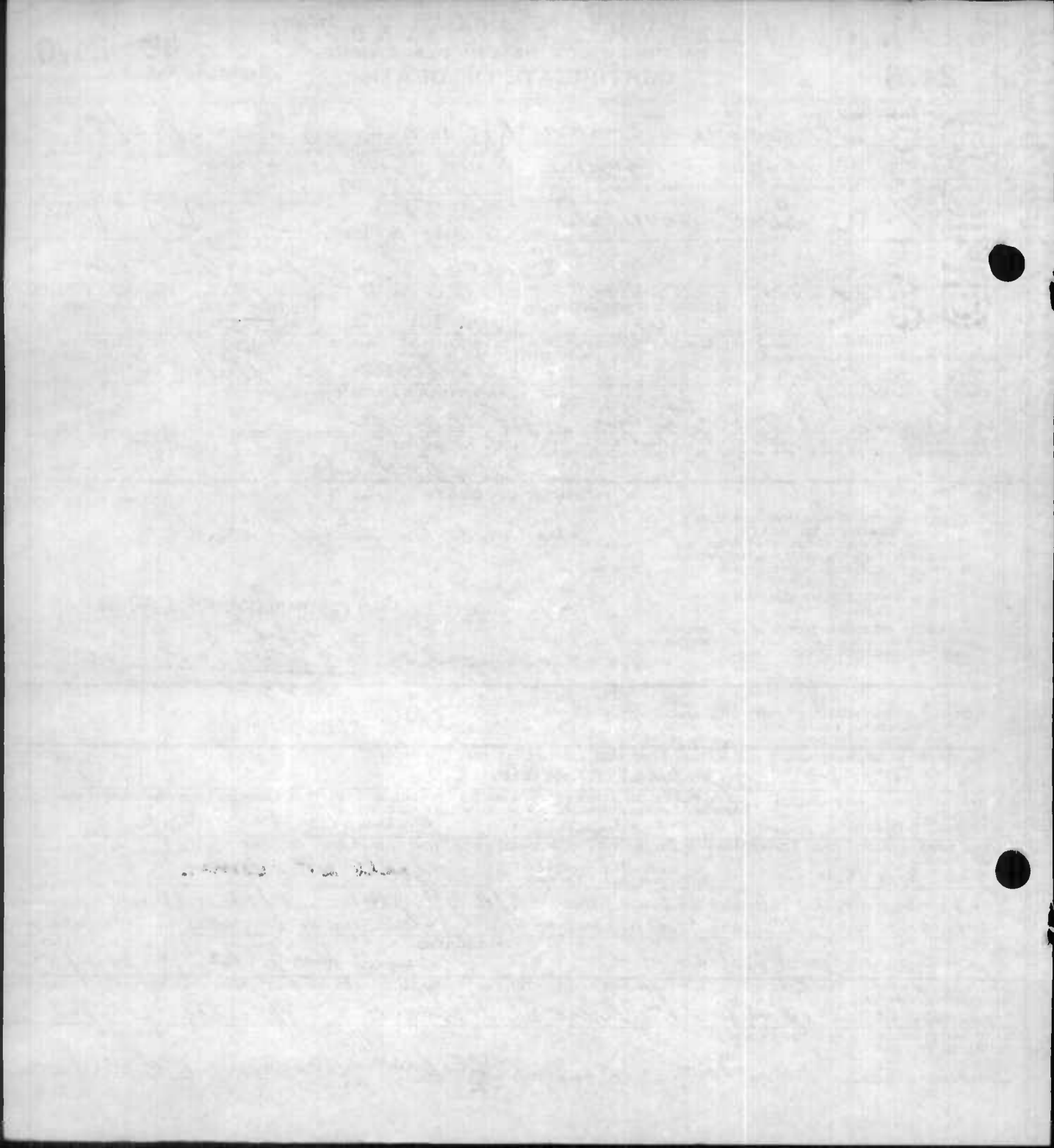
*MAR 13 1952*

*Huntington Williams, Jack Lewis, 2100 Canton Rd*

VS 150

*N-803.2*

correct age is especially important. Physicians write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2477  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**MARY ZINKAND**

2. DATE  
OF  
DEATH

**MAR 11-1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

**Hal 4**

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

**JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**MARYLAND**

B. COUNTY

C. CITY OR TOWN

**BALTIMORE**

D. STREET ADDRESS (If rural, give location)

**7628 Philadelphia Rd.**

5. SEX

**FEMALE**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**WIDOWED**

8. DATE OF BIRTH

**10-5-74**

9. AGE (In years  
last birthday)

**77**

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**At Home**

10B. KIND OF BUSINESS OR  
INDUSTRY

**own Home**

11. BIRTHPLACE (State or foreign country)

**Balto Co. Md**

12. CITIZEN OF  
WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Henry Eckmeyer**

14. MOTHER'S MAIDEN NAME

**Anna Wolf**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

**NO**

16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS  
**JOHNS HOPKINS HOSPITAL**

18. **H43X and E. 903.0**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) **Hypertensive Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

**R. Fisher M.D.**

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

**Fractured Right Hip**

19A. DATE OF OPERATION

**Mar 6. 1952**

19B. MAJOR FINDINGS OF OPERATION

**Mid-Neck Fracture, Right Femur**

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

**Home**

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

**Residence (above)**

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

**Mar 3. 1952 A.M.**

21E. INJURY OCCURRED

WHILE AT  
WORK ☐

NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR? **slipped & fell to floor**  
**77 yr. old lady Fell down at home.**

22. I hereby certify that I attended the deceased from **3-1-1952** to **3-11-1952** that I last saw the  
deceased alive on **3-11-1952** and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**George R. Rustig**

23B. ADDRESS

**JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**3/15/52**

24C. NAME OF CEMETERY OR CREMATORY

**Zion Luth. Cem**

24D. LOCATION (City, town, or county)

**Baltimore Md.**

DATE RECEIVED BY  
LOCAL REGISTRAR

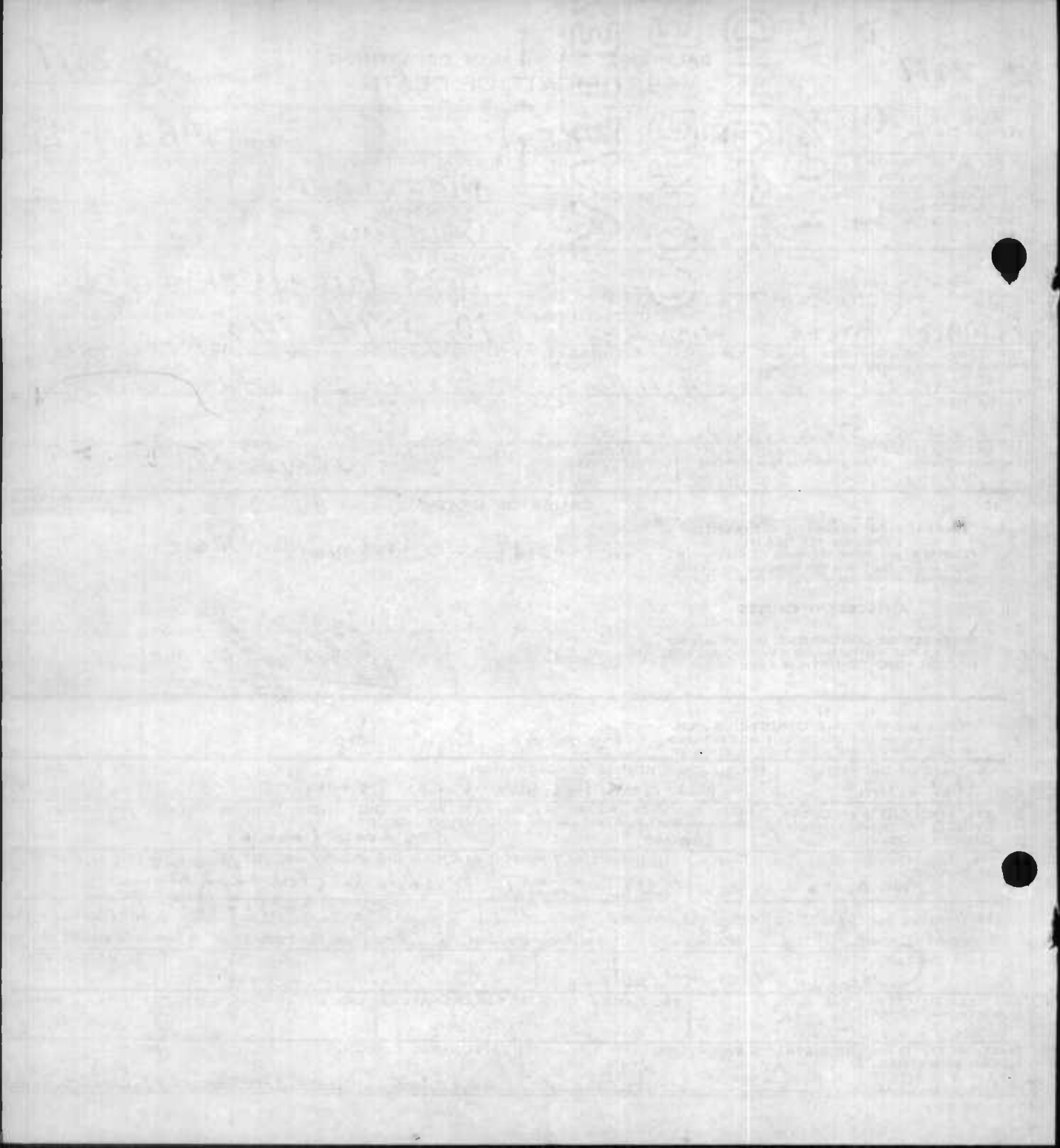
**MAR 13 1952**

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D. Lagoda Funeral Home 7401 Belair Rd.**

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2478**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**MRS. ANNIE E. NEWTON**

2. DATE  
OF  
DEATH

**3-12-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**332 S. FRANKLINTOWN Rd**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

**md**

B. COUNTY

C. CITY OR TOWN

**BALTIMORE**

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

**332 S. FRANKLINTOWN Rd**

C. Length of stay in Baltimore

**LIFE**

5. SEX

**FEMALE**

6. COLOR OR RACE

**WHITE**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**MARRIED**

8. DATE OF BIRTH

**Dec. 14, 1871**

9. AGE (In years last birthday)

**80**

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

**Joseph Cook**

11. BIRTHPLACE (State or foreign country)

**BALTO. MD**

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

**MR. JAMES E. NEWTON 332 S. FRANKLINTOWN Rd**

ADDRESS

18. **420.1 I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**  
DUE TO

**1 hr.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Coronary Artery Disease**  
DUE TO **Arteriosclerosis**

**3 months**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **10-20**, 19**46** to **3-12**, 19**52**, that I last saw the deceased alive on **2-29**, 19**52**, and that death occurred at **1:20 A** m., from the causes and on the date stated above.

23A. SIGNATURE

**John P. Unbeck, Jr.**

M. D.

23B. ADDRESS

**1227 Washington Bl**

23C. DATE SIGNED

**3-12-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

**LODGE PARK Cem.**

24D. LOCATION (City, town, or county) (State)

**FREDERICK AVE BALTO. MD**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

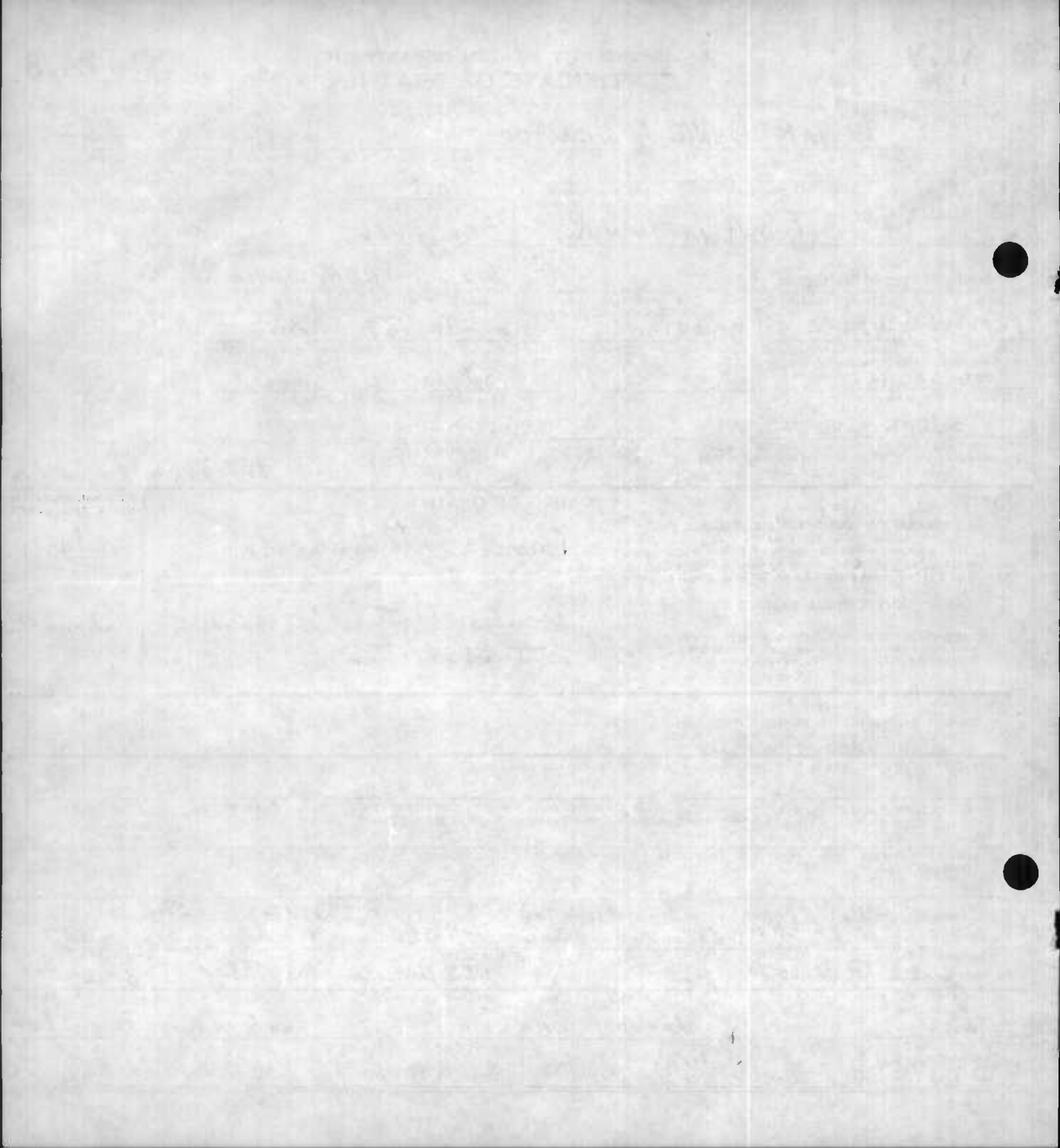
**MAR 13 1952**

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Thos. J. KENNY, Inc. 4600 Hollins St. BALTO. MD**

ADDRESS





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2479

452  
BIRTH NO. 52 2479  
BIA-98268

1. NAME OF DECEASED (Type or Print) <b>William Winfield Holmes</b>		2. DATE OF DEATH <b>March 12, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>26-12</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals 4940 Eastern Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>B. C. H. 4940 Eastern Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 24, 1870</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Machinist</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Machinists Inc. Co.</b>	9. AGE (in years last birthday) <b>82</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John Holmes</b>		14. MOTHER'S MAIDEN NAME <b>Mary Gamble</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Records: B. C. H. 4940 Eastern Avenue</b>		ADDRESS	
18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bronchopneumonia</b> (A) DUE TO  ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Nephrosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>          <b>several years</b>	
19A. DATE OF OPERATION <b>3-12-52</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1-3</b> , 19 <b>46</b> , to <b>3-12</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>3-12</b> , 19 <b>52</b> , and that death occurred at <b>1:45 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>P. D. Ryan</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>	
23C. DATE SIGNED <b>3-12-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Mar. 14-52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Landon Pk. Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 13 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>John D. Miller</b>		ADDRESS <b>2334 Jefferson St.</b>	



1945

STATE OF TEXAS  
DEPARTMENT OF HEALTH

VA

CO

DEPARTMENT OF HEALTH

525  
52 2480BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 2480

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ALLEN Johnson		MAR 12-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
BRADY 2		MARYLAND St. Mary's	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CALIFORNIA	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6800	
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-7-90
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 61	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME William H. Johnson		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Mary Hayden		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 610 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO A. <i>Uræmia</i>	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO B. <i>Chronic Pyelonephritis</i> <i>Benign Prostatic Hypertrophy</i>	!
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO C. <i>Arteriosclerosis.</i>	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5-1952 to 3-12-1952 that I last saw the deceased alive on 3-12-1952, and that death occurred at 5:40 AM., from the causes and on the date stated above.

23A. SIGNATURE <i>Chas. M. M...</i>	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 3-12-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-17-52	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) Leonardtoun, St. Mary Co, Md
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DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Ray B. Robinson</i>	ADDRESS <i>Leonardtoun, Md</i>
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1000

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH  
BUREAU OF PREVENTIVE MEDICINE  
OFFICE OF THE ASSISTANT SECRETARY  
FOR PREVENTIVE MEDICINE

1000

TO THE HONORABLE SECRETARY OF HEALTH  
DEPARTMENT OF HEALTH  
MANILA

FROM THE ASSISTANT SECRETARY FOR PREVENTIVE MEDICINE  
BUREAU OF PREVENTIVE MEDICINE  
MANILA

SUBJECT: [Illegible]

DATE: [Illegible]

REFERENCE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2481**

**615**  
BIRTH NO. **52 2481**

1. NAME OF DECEASED (Type or Print) <i>William J. Griffin</i>			2. DATE OF DEATH <i>3-11-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>27-1-9</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp. of Md</i>			C. CITY OR TOWN (If outside corporate limits, write (U.R.A.) and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>5809 Highgate Drive # 15</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>July 26 1937</i>		9. AGE (in years last birthday) <i>14 yrs</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Edwin J. Griffin</i>			14. MOTHER'S MAIDEN NAME <i>Virginia Perticone</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT ADDRESS <i>Mr. Edwin J. Griffin - 5809 Highgate Drive</i>		

18. <i>340.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Meningitis - purulent</i>	INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i>
--	---

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

**II**

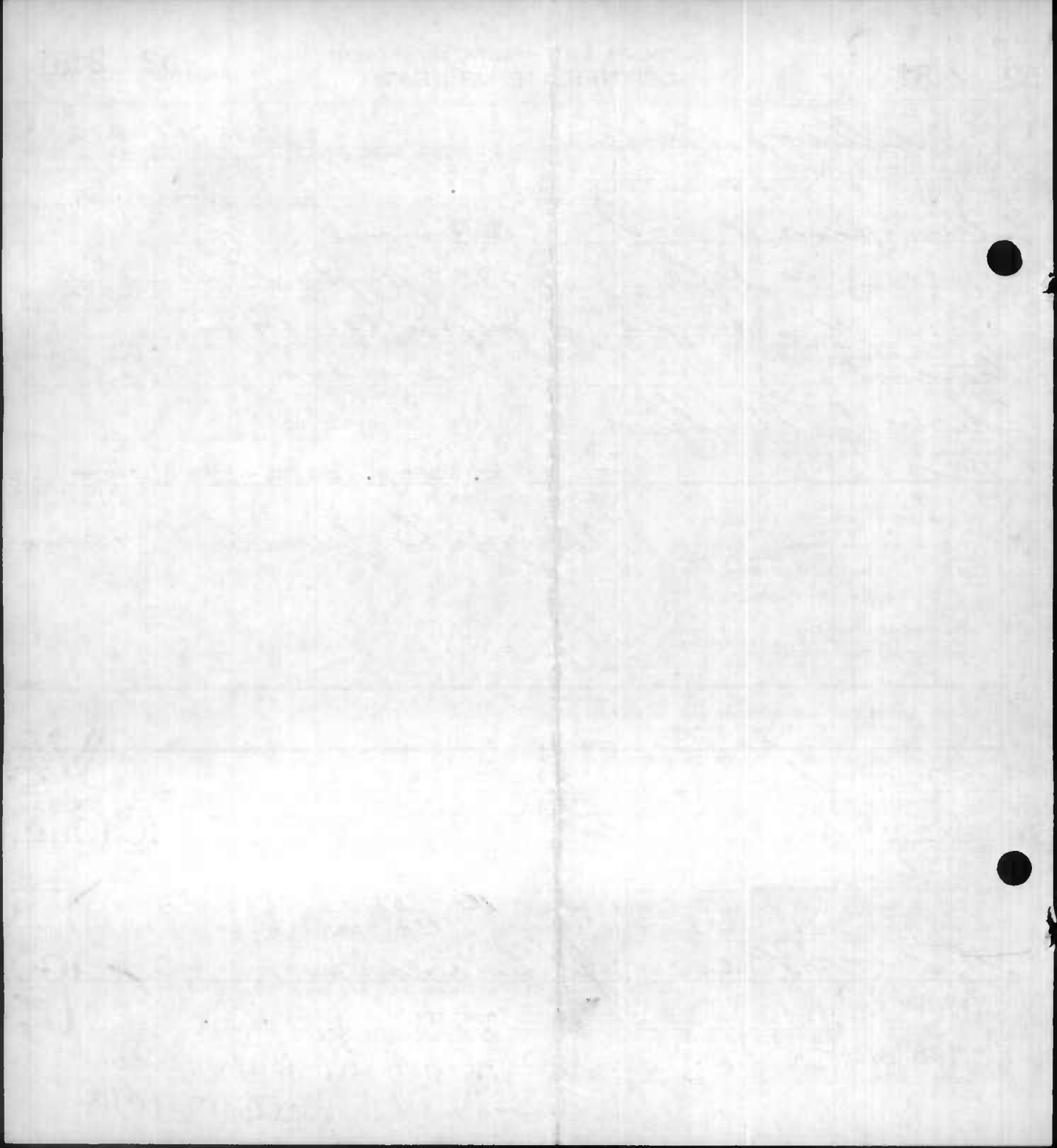
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>no</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>no</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>none</i>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>none</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>-</i>			

22. I hereby certify that I attended the deceased from *3-10-52* to *3-11-52*, that I last saw the deceased alive on *3-11-52* and that death occurred at *11:54 am*, from the causes and on the date stated above.

23A. SIGNATURE <i>Thommas Reeser Jr.</i>	23B. ADDRESS <i>M.D. Lutheran Hosp</i>	23C. DATE SIGNED <i>3-11-52</i>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/15/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Demetery</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 1 3 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Fishner &amp; Sons</i>	ADDRESS <i>Balto 17, Md.</i>



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2482

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT DANIEL MOSNER

2. DATE  
OF  
DEATH

MAR. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

529 WALKER AVE

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

529 WALKER AVE

C. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APR. 29, 1877

9. AGE (in years  
last birthday)

74

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

DEPUTY COLLECTOR

10B. KIND OF BUSINESS OR  
INDUSTRY

U.S. GOVT.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

GEORGE W. MOSNER

14. MOTHER'S MAIDEN NAME

JULIA GALSTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

MRS. BESSIE B. MOSNER

ADDRESS

ABOVE

18. 350 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Parkinson's disease

5 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Mar. 22, 1951, to Mar. 11, 1952, that I last saw the  
deceased alive on Mar. 11, 1952 and that death occurred at 7:04 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M. D.

23B. ADDRESS

3902 Greenmountain

23C. DATE SIGNED

Mar. 12, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-14-1952

24C. NAME OF CEMETERY OR CREMATORY

ST. JOHN'S

24D. LOCATION (City, town, or county)

SWEETAIR

(State)

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1952

H. W. JENKINS &amp; SONS CO.

4905 YORK RD

DR. SAYLOR

3902 GREENMOUNT AVE.



324  
52 2483

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2483

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) Cecil M. Stigile

2. DATE OF DEATH 3-12-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

c. Length of stay in Baltimore 68? Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location) 606 E 41st St.

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH April 12, 1883 9. AGE (in years, last birthday) 68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 10B. KIND OF BUSINESS OR INDUSTRY State Health Dept.

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME R. George (H) Stigile

14. MOTHER'S MAIDEN NAME Mary Elizabeth Mauldin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 705-05-3918

17. INFORMANT Mrs. C. M. Stigile ADDRESS same.

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebro Vascular Accident 6 days. DUE TO (B) Coronary thrombosis 12 days. (C) Anterior left heart failure ? yrs. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐ 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-52, 19, to 3-12-52, 19, that I last saw the deceased alive on 3-12-52, 19, and that death occurred at 6:50 am., from the causes and on the date stated above.

23A. SIGNATURE James A. Ford 23B. ADDRESS Union Memorial Hosp. 23C. DATE SIGNED 3-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Mar 15 1952 24C. NAME OF CEMETERY OR CREMATORY London Park 24D. LOCATION (City, town, or county) (State) Baeto Md

DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR 26. ADDRESS 4905 York Rd

RECEIVED  
OFFICE OF THE  
ATTORNEY GENERAL

1914

47 Medical Examiners Case

Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 2484

BIRTH NO. 2484

1. NAME OF DECEASED (Type or Print) <b>Bessie Wolfe</b>		2. DATE OF DEATH <b>March 12, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY <b>7-04</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN <b>Baltimore</b>	
c. Length of stay in Baltimore <b>55 years</b>		D. STREET ADDRESS (If rural, give location) <b>1005 N. Broadway</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>- 1863</b>
9. AGE (in years last birthday) <b>88</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Morris Levy</b>		14. MOTHER'S MAIDEN NAME <b>Sarah ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>JOHNS HOPKINS HOSPITAL</b>	
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		ADDRESS	

18. <b>360X and E 900.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Cardiovascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Diabetes mellitus</b>		
(B) DUE TO		CERTIFICATION APPROVED BY <b>[Signature]</b> M. D.
(C)		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**Fractured Zygoma, Multiple Contusions & Abrasions**

19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21C. WHERE DID INJURY OCCUR? <b>1005 N. Broadway</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>March 7, 1952</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Old lady fell down steps at home</b>	

22. I hereby certify that I attended the deceased from **3-7**, 1952, to **3-12**, 1952, that I last saw the deceased alive on **3-12**, 1952, and that death occurred at **4:40 pm.** from the causes and on the date stated above.

23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED	
--------------------------------------	--	---	--	------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>3-14-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>CHIL YAKOV, Herring Run</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
--	--	-----------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 13 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Hillman</b>		25. FUNERAL DIRECTOR <b>1124-26 N. York Ave</b>		ADDRESS	
--	--	--	--	--	--	---------	--

VS 150  
Certificates to be approved by Medical Examiners

correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DECEASED'S NAME

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 2485  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Elizbeth Washington*

2. DATE  
OF  
DEATH

*March 10, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

*1325 Woodyean St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*1325 Woodyean St*

5. SEX

*F*

6. COLOR OR RACE

*C*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*M*

8. DATE OF BIRTH

*May 10, 1909*

9. AGE (In years  
last birthday)

*42*

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Domestic*

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*md*

12. CITIZEN OF  
WHAT COUNTRY?

*U.S.A.*

13. FATHER'S NAME

*Thomas Hopkins*

14. MOTHER'S MAIDEN NAME

*Annies Adams*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

*William Washington 1325 Woodyean St*

18. *490X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) *Lobar pneumonia*  
DUE TO

*8 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from *3-9-*, 1952, to *3-10-*, 1952, that I last saw the  
deceased alive on *3-10-*, 1952, and that death occurred at *10:17 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

*Allen E. L. Casper*

23B. ADDRESS

*639 W Carey St. Balto.*

23C. DATE SIGNED

*9-12-52*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

*3-15-52*

24C. NAME OF CEMETERY OR CREMATORY

*Arbutus*

24D. LOCATION (City, town, or county) (State)

*md*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

ADDRESS

*Geo E. Nelson 1303 Presstman St*

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639 carry it



425  
52 2486

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 2486  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Clifton Wilson</i>		2. DATE OF DEATH <i>3-11-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1123 N. Carey St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1123 N. Carey St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-01</i>	
c. Length of stay in Baltimore <i>6</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1123-N. Carey St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Mar. 8, 1919</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <i>33</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Porter</i>		11. BIRTHPLACE (State or foreign country) <i>Northampton, Va.</i>	
13. FATHER'S NAME <i>Preston Wilson</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Estelle Madden</i>		ADDRESS <i>1123 N. Carey St.</i>	

18. <i>002 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary T. B.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 mo.</i>
(A) DUE TO		
(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Nov 9, 1951* to *Nov. 11, 1952*, that I last saw the deceased alive on *Mar. 9, 1952*, and that death occurred at *11:30 A.M.* from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	M. D. <i>25 30 Penna. Ave</i>	23C. DATE SIGNED <i>3-12-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>
24D. LOCATION (City, town, or county) (State) <i>Balto. Md</i>	25. FUNERAL DIRECTOR <i>Dep. J. Nelson</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Huntington Williams, M.D.</i>		ADDRESS <i>1303 Cressman St.</i>

MAR 13 1952

78099

correct age is extremely important. Physicians, please print the causes of death clearly and legibly.

MEDICAL CERTIFICATION



3

U.S. A.

1002146

CONFIDENTIAL

250  
52 2487

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2487

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>NELLIE M. McSHANE</i>		2. DATE OF DEATH <i>3/11/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>11-01</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>MERCY HOSP</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>			
c. Length of stay in Baltimore <i>30</i>		D. STREET ADDRESS (If rural, give location) <i>1001 SAINT PAUL ST</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>3/1/27</i>	9. AGE (In year, last birthday) <i>24</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>IRELAND</i>	
13. FATHER'S NAME <i>CORNELIUS LAMAHAN</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or no known) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>HOSP RECORDS</i>	

13. <i>442X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>ATHEROSCLEROTIC CARDIOVASCULAR-RENAL DISEASE</i> DUE TO			
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (C) _____			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/26</i> , 19 <i>52</i> to <i>3/11</i> , 19 <i>52</i> that I last saw the deceased alive on <i>3/11</i> , 19 <i>52</i> , and that death occurred at <i>1 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. A. Delaney</i>		23B. ADDRESS <i>Mary Hosp</i>		23C. DATE SIGNED <i>3/11/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/14/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. M. Means &amp; Son 805 N. Calvert St.</i>	

MEDICAL CERTIFICATION

correct age is 24 years important. If any statements, please write the cause of death.

11

REPORT OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
JANUARY 18, 1890

ALBANY:  
J. B. LEECH, PRINTERS,  
1890

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2488

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George

DAVIDSON

2. DATE  
OF  
DEATHMARCH 13  
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

PINECREST SANATARIUM

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rural - St. Margaret's

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

S. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 27, 1870

9. AGE (In years,  
last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Earle Davidson

14. MOTHER'S MAIDEN NAME

Maria Tilghman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

George Davidson, Jr. St. Margaret's

18.

420.0 1

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.① TERMINAL BRONCHOPNEUMONIA  
Bilateral (2) Emphysema

## CAUSE OF DEATH

CHRONIC MYOCARDITIS AND  
MYOCARDIAL DEGENERATION

(A) MYOCARDIAL DEGENERATION

DUE TO

(B) Arteriosclerotic Heart Disease?

DUE TO

(C) Generalized Arteriosclerosis years

INTERVAL BETWEEN  
ONSET AND DEATH

?

72 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY 27, 1949, to MARCH 13, 1952, that I last saw the deceased alive on MARCH 12, 1952, and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 OLD FREDERICK RD

23C. DATE SIGNED

3/13/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

3/13/1952

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Annapolis

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

MAR 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John N. Ray &amp; Son

ADDRESS

Annapolis, Md.

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL  
DIVISION OF GENERAL COUNSEL

IN SENATE  
JANUARY 10, 1912

REPORT  
OF THE  
ATTORNEY GENERAL  
FOR THE YEAR  
1911

ALBANY:  
J.B. LIPPINCOTT & CO.  
1912

431  
52 2489BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2489

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <b>WILLIAM F. ALTEVOGT</b>	
2. DATE OF DEATH <b>3-11-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>UNIVERSITY HOSPITAL</b>	
C. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>1882-9/20</b>
9. AGE (In years last birthday) <b>69</b>	10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>Hotel Clerk</b>	
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>HENRY G. ALTEVOGT</b>	
14. MOTHER'S MAIDEN NAME <b>MARY NOHE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>UNKNOWN</b>	
16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Mary Altevoigt - Parkside</b>	
ADDRESS <b>3501</b>	
18. <b>42011</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>MYOCARDIAL INFARCTION 5 days</b> DUE TO <b>PNEUMONIA</b> DUE TO <b>DIABETES MELLITUS</b>	
19. DATE OF OPERATION <b>None</b>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3-10</b> 19 <b>52</b> to <b>3-11</b> 19 <b>52</b> , that I last saw the deceased alive on <b>3-11</b> 19 <b>52</b> , and that death occurred at <b>5305</b> m., from the causes and on the date stated above.	
23A. SIGNATURE <b>Dr. Reeves</b>	
23B. ADDRESS <b>University Ave</b>	
23C. DATE SIGNED <b>3-11-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>3/15/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Dalton Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 1 3 1952</b>	
REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>5305 Naylor</b>	
ADDRESS	



0019 SL

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

0019 SL

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200  
52 2490BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2490

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Grace C. Lewis

2. DATE  
OF  
DEATH

3-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

927 St Paul St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb 8, 1895

9. AGE (in years  
last birthday)

57

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Social Security Bd.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles B. Lewis

14. MOTHER'S MAIDEN NAME

Catherine Scharf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

patient

ADDRESS

18. 410X I

CAUSE OF DEATH

INTERVAL BETWEEN  
DNSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Rheumatic Heart Disease &  
Mitral Stenosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952 to March 12 1952, that I last saw the  
deceased alive on March 12 1952, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Claude E. Parish

M. D.

23B. ADDRESS

Union Memorial Hosp., Balto

23C. DATE SIGNED

3/12/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

3/15/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Baltimore Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

J. L. Luck 5305 Harford Rd

VS 150

39091

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C.

100-100000

100-100000

1. The purpose of this report is to provide a summary of the activities of the Adjutant General's Office during the month of January, 1945.

2. The Adjutant General's Office has been organized into three main divisions: the Personnel Division, the Training Division, and the Administration Division.

3. The Personnel Division has been responsible for the selection, assignment, and promotion of personnel. It has also been responsible for the maintenance of personnel records and the preparation of personnel reports.

4. The Training Division has been responsible for the development and delivery of training programs for personnel. It has also been responsible for the maintenance of training records and the preparation of training reports.

5. The Administration Division has been responsible for the management of the office's financial and material resources. It has also been responsible for the maintenance of office records and the preparation of office reports.

6. The Adjutant General's Office has been successful in carrying out its duties during the month of January, 1945. It has been able to select, assign, and promote personnel in a timely and efficient manner. It has also been able to develop and deliver training programs that have been of high quality. Finally, it has been able to manage its financial and material resources in a responsible and efficient manner.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2491**

**52 2491**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Holden Mrs. Katherine Laura</i>		2. DATE OF DEATH <i>March 12-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Church Home Hospital.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>43 years</i>		D. STREET ADDRESS (If rural, give location) <i>4529 Furlly Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 14-1909</i>
		9. AGE (in years last birthday) <i>43 years</i>	10. Under 1 Year: Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Stewart, Henry</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
14. MOTHER'S MAIDEN NAME <i>Burger, Katherine</i>		17. INFORMANT <i>Mr. Douglas L Holden</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	
		ADDRESS <i>same</i>	

MEDICAL CERTIFICATION

18. <i>414X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Rheumatic Valvular Disease.</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>Several</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Cardiac insufficiency</i> DUE TO (C) <i>Pleural effusion (left side).</i>	<i>years.</i> <i>1 week.</i>

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Malnutrition + Avitaminosis.</i>	
19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 3* 19*52*, to *March 12*, 19*52*, that I last saw the deceased alive on *March 12*, 19*52*, and that death occurred at *11 10 P.*m., from the causes and on the date stated above.

23a. SIGNATURE <i>Arthur F. Woodward</i>	23b. ADDRESS <i>Church Home Hospital</i>	23c. DATE SIGNED <i>3-13-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3/15/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>
24d. LOCATION (City, town, or county) <i>Bald Md</i>	25. FUNERAL DIRECTOR <i>L. J. Ruck</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	ADDRESS <i>5305 Bayford Rd</i>



52 2492

52 2492

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Fannie Robinson</i>		2. DATE OF DEATH <i>Mar 10 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>13-03</i>	
c. Length of stay in Baltimore <i>18</i> Yrs. <i>18</i> Mos. <i>18</i> Days		D. STREET ADDRESS (If rural, give location) <i>1516 1/2 Tracton St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) Months: Days: Hours: Min.
13. FATHER'S NAME <i>Thomas Gist</i>		11. BIRTHPLACE (State or foreign country) <i>Union South Carolina</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Fannie Gist</i>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <i>Louis Robinson 1516 Tracton St</i>	

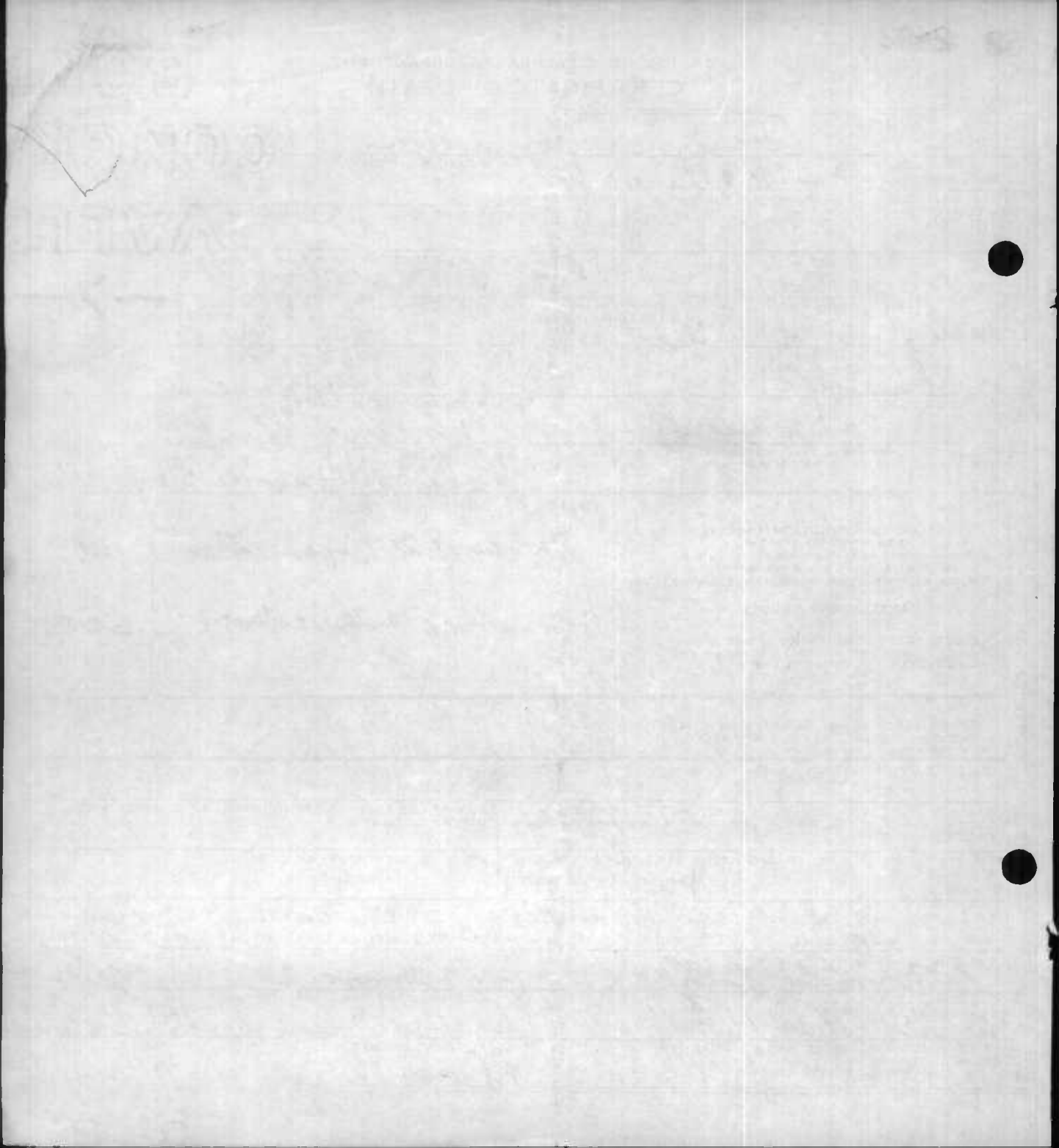
18. <i>4 yr. 1</i> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Myocardial Degeneration</i>		<i>1 wk</i>
DUE TO		
ANTECEDENT CAUSES (B) <i>Generalized Arteriosclerosis</i>		<i>6 mos</i>
DUE TO		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Mar 4*, 19*52*, to *Mar 11*, 19*52*, that I last saw the deceased alive on *Mar 11*, 19*52*, and that death occurred at *3:45 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Robert D. Culver</i>	23B. ADDRESS <i>1543 Penna. Ave</i>	23C. DATE SIGNED <i>3/14/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>	24B. DATE <i>Mar 14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Church Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Union South Carolina</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>W. B. Ruggold 1403 N. Cary St</i>	





460  
52 2493BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2493

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Barbara Katherine Miller

2. DATE  
OF  
DEATH

Mar. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5 N. Decker

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)4. USUAL RESIDENCE (Where deceased lived, if institution, residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 31, 1881

9. AGE (In years  
last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Langhirst

14. MOTHER'S MAIDEN NAME

Margaret Wiegand

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Johnson 5 N. Decker

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

myocardial infarction

2 week

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic heart disease

?

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1951, to March 10, 1951, that I last saw the  
deceased alive on March 10, 1951, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Meyer

23B. ADDRESS

5023 Wright Ave. Bldg 5

23C. DATE SIGNED

March 12, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

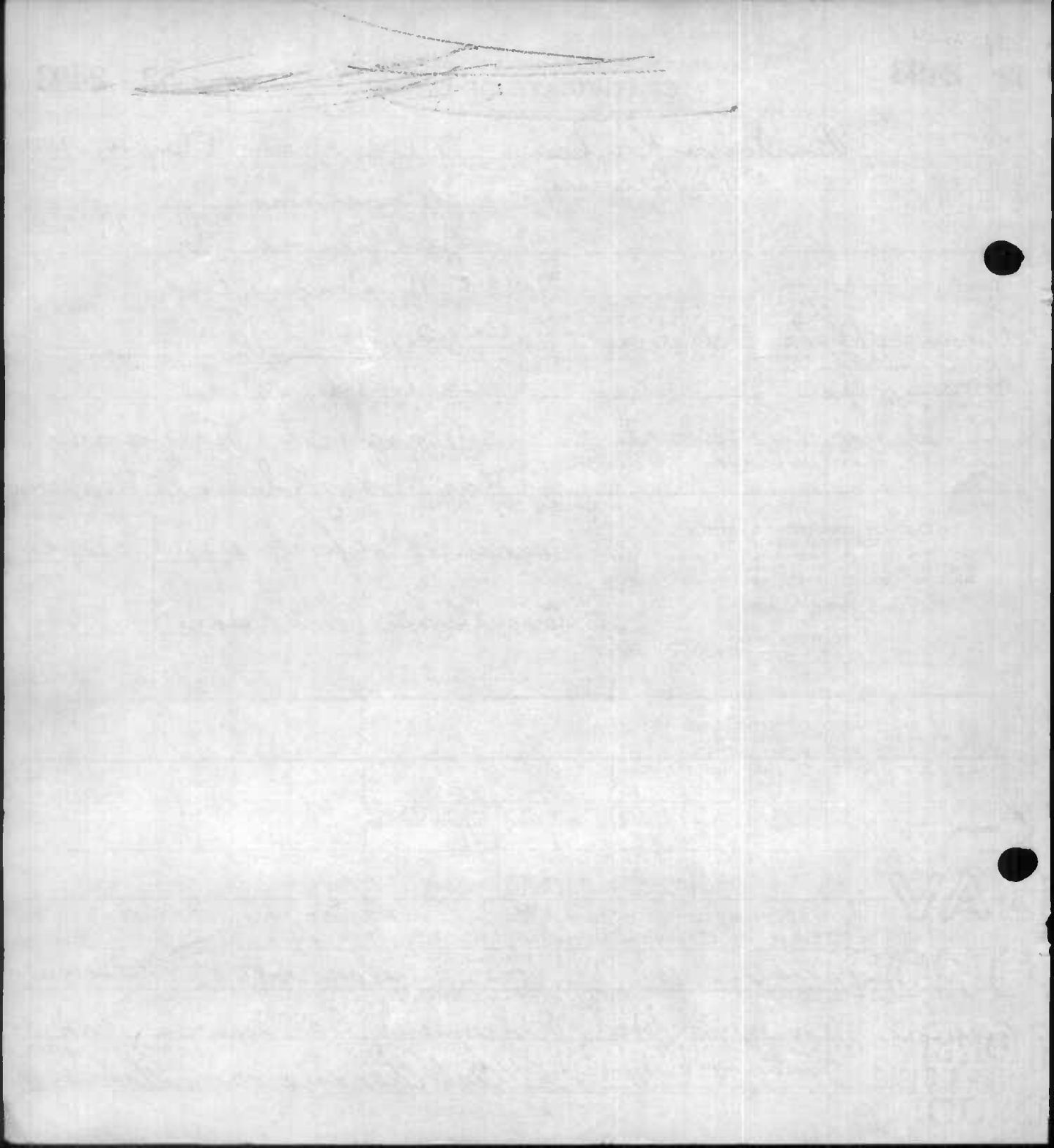
25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1952

Holy Redeemer Baltimore, Md.  
Funeral Home





correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400  
52 2494

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2494

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Shelley, Harry E. SR.

2. DATE  
OF  
DEATH

3/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY (before admission)

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

Rural

D. STREET ADDRESS (If rural, give location)

4901 Brookwood Rd.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1888

9. AGE (In years  
last birthday)

73

If Under 1 Year  
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR  
INDUSTRY

CONTRACTING

11. BIRTHPLACE (State or foreign country)

M.D.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Harry Shelley

14. MOTHER'S MAIDEN NAME

Laney ~~Shelley~~ Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

Unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

(son) Harry Shelley, Jr. 1728 Reisterstown Rd.

ADDRESS

1B. 140X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Myocardial Infarction

5 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Radical Neck Resection & Resection of Rt. Mandible

13 yr.

DUE TO

(C) Sq. Cell CA of Lip & Cervical Metastasis

16 yr.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/11/52

19B. MAJOR FINDINGS OF OPERATION

Cervical Metastasis from Squamous Cell Carcinoma of Lip

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1952, to 3/11, 1952, that I last saw the  
deceased alive on 3/11, 1952, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Chas. Hasty III

M. D.

23B. ADDRESS

Unit 9 Mt. View

23C. DATE SIGNED

3-12-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

3-15-52

24C. NAME OF CEMETERY OR CREMATORY

Catharine Cem.

24D. LOCATION (City, town, or county)

Balto

(State)

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

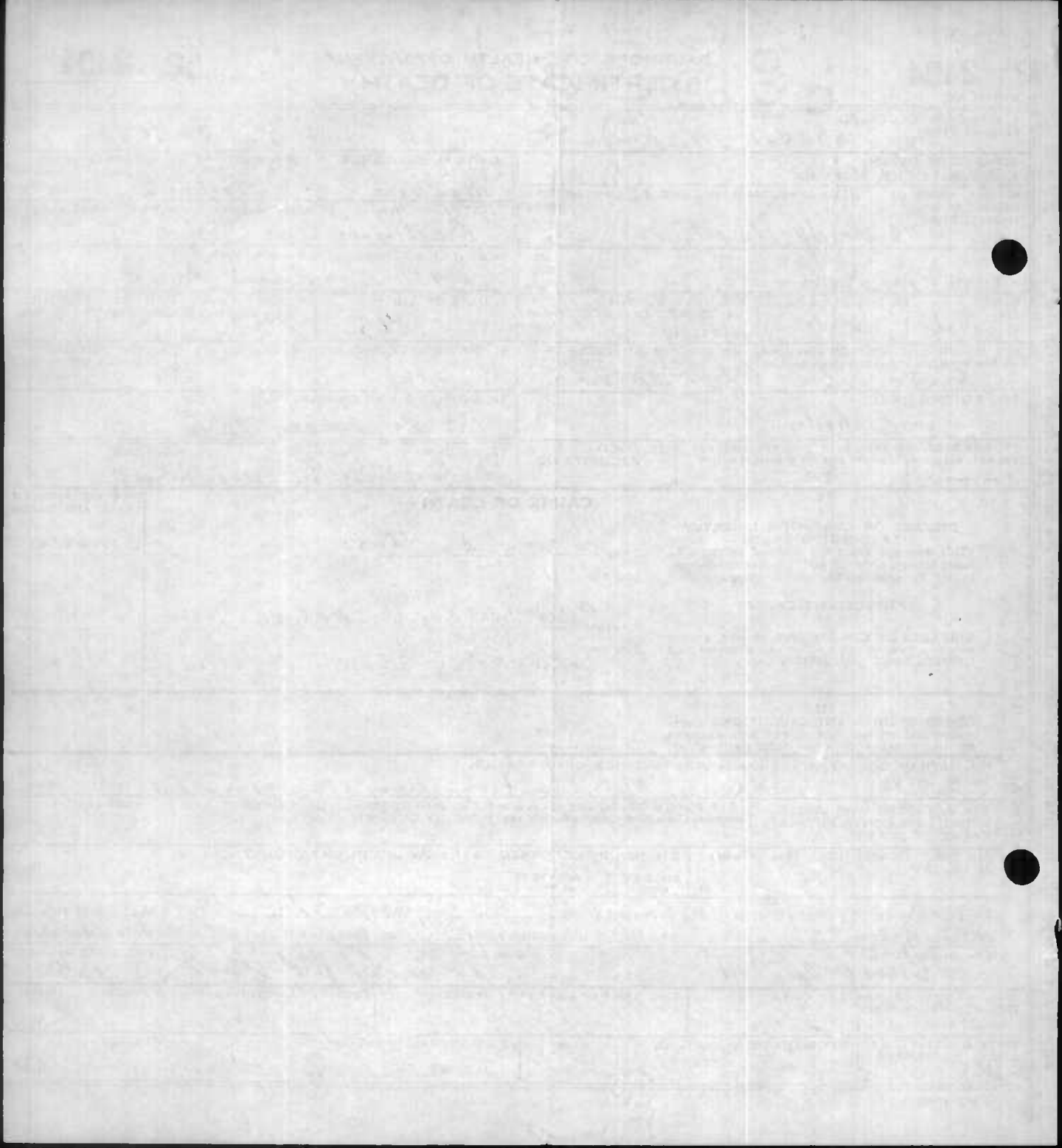
ADDRESS

Long & Son, Inc. 1000 N. E. St.

VS 150

51024

MEDICAL CERTIFICATION



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2495

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARGARET QUITTER

2. DATE  
OF  
DEATH

3-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2702 W. BALTIMORE ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-03

D. STREET ADDRESS (If rural, give location)

2702 W. BALTIMORE ST.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

11-12-1860

9. AGE (In years last birthday)

91

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEKEEPER

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

AUSTRIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. Margaret Gourd - 2702 W. Balto. St.

18. 447x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral apoplexy

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Vascular Disease

DUE TO

About

5 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Old Age

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 14, 1952 to March 11, 1952, that I last saw the deceased alive on March 6, 1952 and that death occurred at 9 a. m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-14-52

Cathedral Cem.

Balto.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

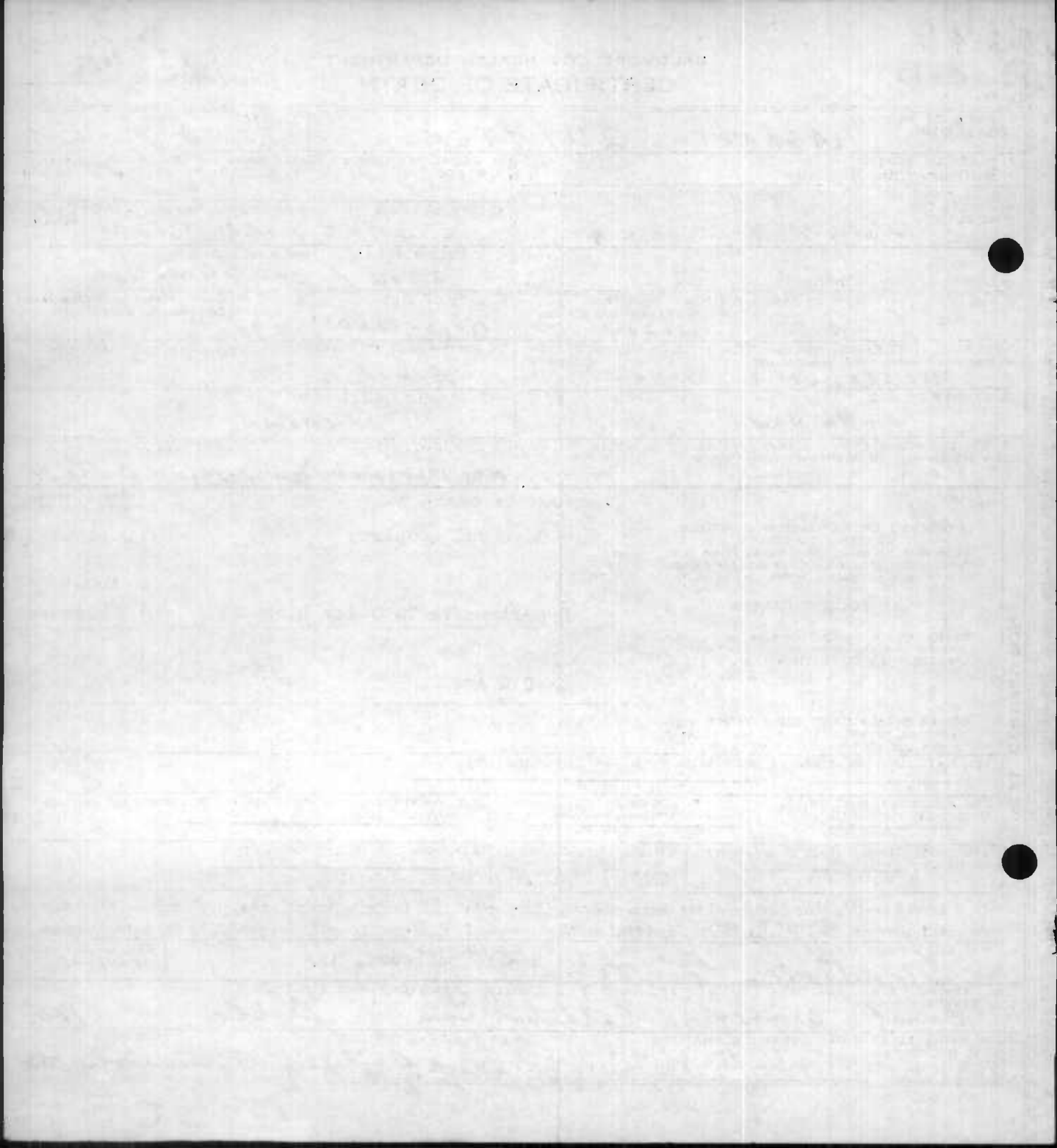
25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1952

Huntington Williams, M.D.

George D. Taylor - Fulton Ave. Joplin, Mo.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2496**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Frank Harvey**

2. DATE OF DEATH **March 11, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Baltimore City Hospitals  
4940 Eastern Avenue**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**

O. STREET ADDRESS (If rural, give location)

**B.C.H. 4940 Eastern Avenue**

c. Length of stay in Baltimore

**Life**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Separated**

8. DATE OF BIRTH

**Sept. 30, 1874**

9. AGE (In years, last birthday)

**77**

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

**National Insurance Co**

11. BIRTHPLACE (State or foreign country)

**Maryland**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Charles Harvey**

14. MOTHER'S MAIDEN NAME

**Cornelia Murdie (Cornelia Mundie)**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
**Baltimore City Hospitals  
Records: 4940 Eastern Avenue**

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hemorrhage**

DUE TO

**2 Days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Coronary Heart Disease**

DUE TO

(C) **Cor Pulmonale**

**?**

**?**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**3-9-52**

19B. MAJOR FINDINGS OF OPERATION

**Thrombosis in left femoral artery**

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **12-14**, 19**50** to **3-11**, 19**52**, that I last saw the deceased alive on **3-11**, 19**52** and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

*P. B. Chazen*

M. D.

23B. ADDRESS

**4940 Eastern Avenue**

23C. DATE SIGNED

**3-12-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**3/14/52**

24C. NAME OF CEMETERY OR CREMATORY

**Loudon Park**

24D. LOCATION (City, town, or county)

**Balto. Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

ADDRESS

**Wm. G. K. Inc. 1217 St. Paul st**



STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

100-100000

IN SENATE, JANUARY 1, 1900.

REPORT OF THE ATTORNEY GENERAL  
ON THE PROCEEDINGS OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN THE MATTER OF THE  
LANDS BELONGING TO THE STATE

ALBANY: JAMES B. LEECH, STATE PRINTER,  
1899.

THE LANDS BELONGING TO THE STATE  
OF NEW YORK.

REPORT OF THE ATTORNEY GENERAL  
ON THE PROCEEDINGS OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN THE MATTER OF THE  
LANDS BELONGING TO THE STATE

ALBANY: JAMES B. LEECH, STATE PRINTER,  
1899.

THE LANDS BELONGING TO THE STATE  
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REPORT OF THE ATTORNEY GENERAL  
ON THE PROCEEDINGS OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN THE MATTER OF THE  
LANDS BELONGING TO THE STATE

ALBANY: JAMES B. LEECH, STATE PRINTER,  
1899.

THE LANDS BELONGING TO THE STATE  
OF NEW YORK.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2497**

**530**  
BIRTH NO. **52 2497**

1. NAME OF DECEASED (Type or Print) <b>Lillie Mae Smith</b>		2. DATE OF DEATH <b>MAR 12-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>OSL-4</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>11-04</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>1214 McCulloch St.</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>5-28-26</b>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Domestic</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>25</b> If Under 1 Year: Months: Days If Under 24 hours: Hours: Min.
13. FATHER'S NAME <b>Henry Levinson</b>		11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <b>Lucille Duckman</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	

18. <b>578X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>Multiple Intestinal Perforation</b> DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  <b>? Gastrology</b>	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  <b>? 2 weeks</b>	
	(A) <b>Multiple Intestinal Perforation</b> DUE TO	
	(B) <b>? Gastrology</b> DUE TO	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-20-1952** to **3-12-1952**, that I last saw the deceased alive on **3-12-1952**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Carol M. Johnson</b>	23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	23C. DATE SIGNED <b>3/12/52</b>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>March 16, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Maxton, N. C.</b>
--	------------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <b>MAR 13 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Charles H. Halperin</b>	ADDRESS <b>1200 McCulloch Baltimore, Md.</b>
--	---	--	---

VS 150

**7 20 PA**

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

107

DEPARTMENT OF HEALTH  
OFFICE OF THE ATTORNEY GENERAL

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 2498**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**HENRY MOLZ**

2. DATE  
OF  
DEATH

**3/11/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**1313 S. CLINTON ST**

c. Length of stay in Baltimore

5. SEX

**M**

6. COLOR OR RACE

**W**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**M**

10A. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired)

**RETIRED**

10B. KIND OF BUSINESS OR INDUSTRY

**PIPE COVERER**

13. FATHER'S NAME

**JOHN. MOLZ**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

**OCT. 4 1869**

9. AGE (In years, last birthday)

**82**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

**BALTIMORE MD**

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

**NOT KNOWN**

17. INFORMANT

ADDRESS

**DEBORAH MOLZ 1313 S CLINTON ST**

18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**ARTE RIOSCLEROSIS, GENERALIZED**

**5 YRS.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**CEREBRAL HEMORRHAGE HEMIPARESIS**

**4 MOS**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1949** to **MARCH 11, 1952** that I last saw the deceased alive on **MARCH 10, 1952** and that death occurred at **1:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

**Benjamin Sidorenko**

M. D.

**1215 S. HILLCROFT AVE.**

**3/12/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

**BURIAL**

**3/15/52**

**SCHWARTZ'S**

**BALTIMORE MD**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**MAR 1 31952**

**Huntington Williams, 1639 Broadway**

# CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

IN 191

191

## CAUSE OF DEATH

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
ON  
THE  
DAY  
OF  
THE  
MONTH  
OF  
THE  
YEAR  
191

## IMMEDIATE CAUSE

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
ON  
THE  
DAY  
OF  
THE  
MONTH  
OF  
THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
ON  
THE  
DAY  
OF  
THE  
MONTH  
OF  
THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
ON  
THE  
DAY  
OF  
THE  
MONTH  
OF  
THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
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THE  
DAY  
OF  
THE  
MONTH  
OF  
THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
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MONTH  
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THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
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MONTH  
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THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
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THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
ON  
THE  
DAY  
OF  
THE  
MONTH  
OF  
THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
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THE  
DAY  
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THE  
MONTH  
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THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
ON  
THE  
DAY  
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MONTH  
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THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
ON  
THE  
DAY  
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MONTH  
OF  
THE  
YEAR  
191

DEATH FROM  
DISEASE  
OF THE  
INTERNAL  
ORGANS  
OF THE  
BODY  
OF THE  
DECEASED  
PERSON  
WHO  
DIED  
ON  
THE  
DAY  
OF  
THE  
MONTH  
OF  
THE  
YEAR  
191

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 2499

420  
52 2499  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Roy Blake</u>		2. DATE OF DEATH <u>March 8, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Balto.</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>	
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>740 W. Redwood St.</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>1896</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Iron Works</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Marys Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Blake</u>		14. MOTHER'S MAIDEN NAME <u>Emmaline Goff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W.I</u>	
17. INFORMANT <u>Frances Blake</u>		ADDRESS <u>724 W Redwood St</u>	

18. <u>490X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
DUE TO <u>Pulmonary Edema</u>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Pt Heart Failure</u>		<u>?</u>
DUE TO <u>Pulmonary</u>		
DUE TO <u>Pt Upper Lobe</u>		<u>?</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/8/52 1952, to 3/8/52 1952, that I last saw the deceased alive on 3/8, 1952 and that death occurred at 3:30 pm., from the causes and on the date stated above.

23A. SIGNATURE <u>Robert S. Mosser</u>		M. D. <u>Univ. Hosp.</u>		23B. ADDRESS <u>322 N. Schroeder St.</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>March 14, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>National</u>	
24D. LOCATION (City, town, or county) <u>Balto.</u>		24E. STATE <u>Md.</u>		25. FUNERAL DIRECTOR <u>Mr. Kate R. Williams</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 13 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		ADDRESS <u>322 N. Schroeder St.</u>	

80-2-24

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 2500

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Daisy Moseley</b>			2. DATE OF DEATH <b>3/11/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. Md.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Provident Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>801 West Franklin</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>5.11.1899</b>	9. AGE (in years last birthday) <b>52</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Prince George's Ct. Md</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>BENJAMIN CURTIS</b>			14. MOTHER'S MAIDEN NAME <b>Martha Cornish</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Harvey Fisher</b> ADDRESS <b>801 W Lex. St.</b>		

18. <b>434.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Chr. Congestive Heart Failure</b>	CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2.23.**, 19**52** to **3.11.**, 19**52** that I last saw the deceased alive on **3.11.**, 19**52** and that death occurred at **11<sup>15</sup>a** m., from the causes and on the date stated above.

23A. SIGNATURE **D. G. Gioniondekis** M. D. 23B. ADDRESS **Provident Hospital** 23C. DATE SIGNED **3/11/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Mar. 14, 1952** 24C. NAME OF CEMETERY OR CREMATORY **W. H. Carey Cem.** 24D. LOCATION (City, town or county) (State) **Pelee Hill Md.**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 13 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Mrs. Kate Williams** ADDRESS **322 N. Schaefer St.**

MEDICAL CERTIFICATION

7207A 2400



